The Principal School Medical Officer

R C WOFINDEN, MD, BS, DPH, DPA

City & County of Bristol

REPORT FOR 1964

CITY & COUNTY OF BRISTOL EDUCATION COMMITTEE

Annual Report

of the

Principal School Medical Officer

R. C. WOFINDEN, M.D., D.P.H., D.P.A.

A. L. SMALLWOOD, M.D., D.C.H., D.P.H.
(Senior Medical Officer, School Health Service)

1964

FIFTY-SEVENTH YEAR

INDEX

BRISTOL EDUCATION COMMITTEE

Chairman :
Alderman The Rev. F. C. VYVYAN-JONES

Vice-Chairman :
Alderman R. ST. JOHN READE, O.B.E., M.A.

SPECIAL SERVICES COMMITTEE

Chairman :
Alderman The Rev. F. C. VYVYAN-JONES

Chief Education Officer :
G. H. SYLVESTER, M.A.

Principal School Medical Officer and Medical Officer of Health :
R. C. WOFINDEN, M.D., D.P.H., D.P.A.

Deputy Principal School Medical Officer and Deputy Medical Officer of Health :
J. F. SKONE, M.D., D.C.H., D.P.H., D.I.H.

Senior Medical Officer, School Health Service :
A. L. SMALLWOOD, M.D., D.C.H., D.P.H.

CITY AND COUNTY OF BRISTOL

Population (estimated mid-1964)	432,070
Number of pupils on registers of maintained primary and secondary schools, January, 1964	66,374
Number of school departments	212

STAFF

PRINCIPAL SCHOOL MEDICAL OFFICER AND MEDICAL OFFICER OF HEALTH

R. C. WOFINDEN, M.D., D.P.H., D.P.A.

DEPUTY PRINCIPAL SCHOOL MEDICAL OFFICER AND DEPUTY MEDICAL OFFICER OF HEALTH

J. F. SKONE, M.D., D.C.H., D.P.H., D.I.H.

SENIOR MEDICAL OFFICER, SCHOOL HEALTH SERVICE

A. L. SMALLWOOD, M.D., D.C.H., D.P.H.

SCHOOL MEDICAL OFFICERS (Joint Appointments with the Local Health Authority)

R. C. Irving Bell, M.R.C.S., L.R.C.P., D.P.H. (died 3.3.64)
A. M. Fraser, L.R.C.P., L.R.C.S., D.P.H.
B. J. Boulton, M.B., Ch.B.
Helen M Gibb, M.B., Ch.B., D.P.H.
J. E. K. Kaye, Med. Dip. (Warsaw), D.P.H.
J. L. S. James, M.R.C.S., L.R.C.P.
Mrs. Marjorie Mair, B.Sc., M.B., Ch.B., D.P.H.
P. Tomlinson, M.D., D.P.H.
D. B. Hill, M.A., M.B., B.Ch., D.P.H. (to 19.1.64)
Ann B. Gray, M.B., B.S., M.R.C.S., L.R.C.P.
W. B. Whisker, M.B., Ch.B., D.P.H. (to 30.11.64)
Patricia M. Rich, M.B., Ch.B., D.R.C.O.G.
N. A. Dent, M.B., Ch.B., D.Obst. R.C.O.G., D.P.H.
Isabel M. S. Price, M.B., Ch.B.
J. M. Joshua, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.
Amy M. Baird, L.R.C.P.I., L.M., D.P.H.
A. J. Wood, M.B., B.S. (from 3.2.64)
Patricia I. Thomas, M.B., B.S., D.R.C.O.G., D.C.H. (from 8.4.64)
A. J. G. Dickens, M.B., Ch.B. (from 17.8.64)

CONSULTANTS — PART-TIME

Ear, Nose and Throat	J. Freeman, M.B., F.R.C.S., D.L.O. R. K. Roddie, M.B., F.R.C.S.*
Orthopaedic	D. M. Jones, M.B., M.Ch. (Orth.), F.R.C.S.* H. Keith Lucas, M.Ch. (Orth.), F.R.C.S.E. (to 28.5.64)* A. H. C. Ratliff, M.B., F.R.C.S. (from 9.4.64)* R. F. N. Duke, M.A., B.M., F.R.C.S. (to 19.3.64)*
Ophthalmic	R. R. Garden, M.A., M.B., D.O.M.S., D.P.H. P. Jardine, F.R.C.S.(E.), D.O.M.S.* H. Bannerman, M.B., D.O.M.S.* I. Lloyd Johnstone, M.C., M.D., D.O.*
Cardio-rheumatic	C. Bruce Perry, M.D., F.R.C.P. (By arrangement with United Bristol Hospitals)
Dermatology	C. D. Evans, M.A., M.D.*

Chiropodist	L. I. W. Tasker, M.Ch.S.
Orthoptists	Miss M. J. Smith, S.R.N., D.B.O.* Miss E. A. Harmston, D.B.O.* (from 2.11.64)
Nutritionist	Miss M. Chapman
Audiometrician	Mrs. R. F. R. Broomhead

* By arrangement with the Regional Hospital Board

DENTAL SERVICE (Joint Appointments with the Local Health Authority)

Principal School Dental Officer	J. McCaig, L.D.S.
Divisional Dental Officer ...	B. G. Hobby, B.D.S. (from 27.4.64)
School Dental Officers	A. H. V. Williams, L.D.S. H. W. Williams, L.D.S. Alice M. Trump, L.D.S. J. F. Sellin, L.D.S. R. D. Hepburn, L.D.S. W. J. Constantine, L.D.S. Joan M. Fletcher, B.D.S. (to 30.9.64) J. Hornsby, L.D.S. D. K. Stables, B.D.S. Carole P. Carter, B.D.S. (20.1.64–30.9.64) G. Duggan, B.D.S. (from 20.1.64) Gwyneth S. Roberts, L.D.S. (from 10.8.64)
Dental Hygienist	Jean E. Bailey (to 30.9.64)
Dental Auxiliaries	Jill E. Gibbons Pamela V. Milsted (from 1.9.64)

CHILD AND FAMILY GUIDANCE SERVICE

Senior Consultant Psychiatrist	R. F. Barbour, M.A., F.R.C.P., D.P.M.
Consultant Psychiatrists ...	W. L. Walker, M.D., D.P.H., D.P.M.* H. S. Coulsting, M.B., Ch.B., D.P.M.*
Senior Psychiatric Registrar ...	T. C. Waters, M.B., Ch.B., D.P.M.* (from 1.12.64)
Psychiatric Registrars	M. J. Gay, M.B., Ch.B.* (to 16.4.64) Mary Hinchliffe, M.B., B.S., D.C.H.* (from 13.5.64)
Senior Educational Psychologist	R. V. Saunders, M.A., B.Ed.
Educational Psychologists ...	E. Jean Horn, M.A., Dip.Ed. (Senior Assistant) K. W. Wedell, M.A., Ph.D. (to 25.8.64) G. W. Herbert, B.A. G. E. Bookbinder, B.A. Rona L. Williams, B.A., Dip.Ed. Mrs. S. P. J. Marsh, B.Sc. (from 1.10.64)
Psychiatric Social Workers ...	Miss B. Stubbs, B.A. (Senior P.S.W.) Miss A. Tanner Mrs. P. M. Brown (to 20.3.64) Miss M. B. E. Shearman Miss I. L. Dixon, B.A.
Social Worker	Mrs. A. E. Porter (from 1.10.64)
Clerical Staff	Mrs. B. E. Gunning Miss V. S. Anderson Mrs. T. R. Brooks Miss E. Burns Mrs. V. G. McLennan Mrs. M. J. Paul Mrs. J. M. Stratford

SPEECH THERAPY

Senior Speech Therapist ...	Mrs. Beryl Saunders, L.C.S.T.
Speech Therapists	Kathleen Coleman, L.C.S.T. Helen M. Streat, L.C.S.T. Madeleine Thomas, L.C.S.T. Mrs. J. Spencer, L.C.S.T. Jennifer B. Harries, L.C.S.T. (from 5.2.64) Mrs. D. J. Kydd, L.C.S.T. (Claremont School)

* By arrangement with the Regional Hospital Board

NURSING SERVICE

Chief Nursing Officer	Miss M. Marks Jones, S.R.N., S.C.M., H.V., Admin. Cert.
Deputy Chief Nursing Officer	Miss J. M. Marsh, S.R.N., S.C.M., H.V., Dip. P.H. Nursing (McGill) (from 10.2.64)

ADMINISTRATIVE AND CLERICAL STAFF

Senior Assistant	Miss M. C. Finch, M.A.
Senior Clerk	K. E. K. Eddolls, S.R.N., Q.N.
Clerical Assistants	E. J. Pike L. E. Youens (to 8.6.64) Miss J. F. Norris (from 1.7.64)
Clerks	Miss J. R. Carpenter Miss M. Durnford Miss M. Glenister (from 1.9.64) Miss S. D. Hardwick (to 17.6.64) P. J. Hingston T. Logan K. Lovell Miss M. Portwood
Clerk/Shorthand Typists ...	Miss S. M. Winter (to 1.6.64) Miss S. E. Groves (from 10.8.64) Miss P. Howard (from 31.8.64)

Persons other than those whose names appear in the list of staff who have contributed to this report are the following:—

Miss I. M. Bond, B.A., *Head of the House in the Garden School for E.S.N. Senior Girls*

C. J. Creech, M.B.E., *Chief Public Health Inspector*

Miss M. H. Davies, B.A., *Head of Croydon Hall Residential School for E.S.N. Senior Girls*

Miss J. Davis-Morgan, *Head of Henbury Manor School for E.S.N. Junior Children*

Miss J. R. W. Dawson, *Organiser of Physical Education*

B. M. Dyer, M.B.E., B.A., *Youth Employment Officer*

Miss T. B. J. Hetherington, *Chief Organiser of School Meals*

R. R. Jenkins, *Organiser of Physical Education*

G. A. Morris, *Head of Kingsdon Manor Residential School for E.S.N. Senior Boys* (until December, 1964)

R. E. Olding, *Head of Elmfield School for the Deaf*

C. A. Organ, *Head of Periton Mead Residential School for Delicate Children*

Miss M. J. Ram, B.A., *Head of Claremont School for Spastic Children*

J. N. Tolley, *Head of Russell Town School for E.S.N. Senior Boys*

W. B. Whisker, M.B., Ch.B., D.P.H., *First Assistant Medical Officer of Health*

C. Williams, *Head of South Bristol School*

Mrs. Grace E. Woods, M.D., D.C.H., D.P.H., *Medical Officer, Cerebral Palsy Assessment Clinic and Claremont School for Spastic Children* (until Oct. 1964)

INTRODUCTION

To the Chairman and Members of the Education Committee.

I have the honour to present the Annual Report of the Bristol School Health Service for 1964, the 57th in the series. The standard of health of Bristol's school children during the year was satisfactory. The number of cases of dysentery and glandular fever in children aged 5 to 14 dropped from 267 and 31 to 96 and 12 respectively, but there was a slight rise in notifications of infectious hepatitis from 33 to 54. Other notifications of infectious diseases were very few and there was again no case of diphtheria or of poliomyelitis. There were no special campaigns for prophylactic inoculations during the year, and the rather low acceptance rate for B.C.G. vaccination (59 per cent for the Heaf qualitative test) seems to indicate a possible apathy as the fear of tuberculosis decreases.

There were 19 deaths of school-age children during the year, of which 4 were caused by accidents.

The opening of the St. George Health Centre on St. George's Day has added to the cover which we are able to provide over the City for such services as minor ailment treatment, speech therapy and hearing assessment.

Much attention has been given this year to the E.N.T. and hearing assessment services and the care of children with hearing defects. The delay in tonsillectomy operations at the hospitals for all but the most urgent cases has caused concern. Reports on these matters by Mr. R. K. Roddie, Consultant Surgeon, and Dr. J. E. K. Kaye, School Medical Officer, can be found on page 18.

The position with regard to operations for squint has improved since last year, but the waiting list for the ophthalmic clinics provided for the School Health Service by the Regional Hospital Board is still longer than we would wish. However, a new eye clinic has been equipped at Mary Hennessy Clinic, Hartcliffe, and an extra weekly session and more orthoptic help have been provided. A Consultant Ophthalmologist also makes regular visits to the School for Spastics.

The Speech Therapy Service has also continued to expand with the appointment of an additional therapist, so that all areas are now quite well provided for. In addition to the service in the clinics, a number of sessions are now held on school premises. More children are being referred before they reach school age, and the experimental unit for children with delayed speech has proved its value. Liaison with the Child and Family Guidance and the Hearing Assessment Services has been greatly strengthened. The Senior Speech Therapist reports on page 42.

We were very sorry to lose Dr. Grace Woods, who left in October to take a post in Surrey. Her work with cerebral palsied children in this area is well known, and she identified herself with Claremont School for Spastics and its problems. She contributes a most interesting final report on page 31.

Others who have left during the year include Dr. Sutcliffe, now Senior Medical Officer in Cardiff, and Dr. Hill, to become Deputy Medical Officer of Health in Cheltenham. Dr. Whisker, School Medical Officer, has succeeded Dr. Sutcliffe as First Assistant Medical Officer for Epidemiology. The Hearing and Speech Service suffered a loss with the departure of Dr. K. W. Wedell, now Senior Educational

Psychologist at Kingston-upon-Hull. Dr. Wedell was a most enthusiastic member of the Hearing Assessment team and took the keenest interest in work with children with speech and hearing defects. We welcome Mr. G. W. Herbert as his successor as Educational Psychologist with this special interest. Mr. G. A. Morris, Headmaster of Kingsdon Manor Residential School for educationally subnormal senior boys, retired in December after many years in this work.

It is with great regret that I have to record the death in March of Dr. R. Irving Bell, First Assistant Medical Officer, who had served as a School Medical Officer since 1937 and was within two years of retiring age.

I am pleased to call attention to the honours which have been paid to Mr. R. V. Saunders, Senior Educational Psychologist, and Dr. R. F. Barbour, Senior Psychiatrist, and which are described in the report on the Child and Family Guidance Service (page 12).

The Dental Service is obtaining much benefit from the use of dental auxiliaries and has conducted some useful exercises in Health Education (page 16).

Changes have been introduced in our work in schools and these are reported on page 35. We shall continue our efforts to provide a service in the schools in whatever ways seem most helpful both to teachers and children.

Finally, I should like to thank all those who co-operate so willingly with us—those in the hospital service, the general practitioners, the Chief Education Officer and his staff, the teachers and our colleagues in the Health and other Departments of the Corporation. My thanks are especially due to Dr. A. L. Smallwood, Senior School Medical Officer, on whom rests the main burden of the day-to-day administration of the service, and to Miss M. C. Finch, for the compilation and editing of this report.

R. C. WOFINDEN,

Principal School Medical Officer.

Central Health Clinic,
Tower Hill, Bristol 2. Telephone Bristol 26602.
March, 1965.

CARDIO-RHEUMATIC CLINIC

C. Bruce Perry

The work of the cardiac clinic continued during 1964 as before but the number of cases seen continues to be very low. This is, of course, due to the very gratifying decrease in the incidence of acute rheumatism which has been noted and discussed in previous years. This fall in incidence and severity is no local phenomenon but affects the whole country. No definite figures are available from Northern Europe but a similar event has taken place in North America. The picture is very different in less well off countries. A recent visit to Egypt showed that the problem of acute rheumatism and rheumatic heart disease is as great as it was in Bristol forty years ago, if not greater. There has recently been built, almost at the foot of the Great Pyramid, by a voluntary agency, a hospital school for the treatment of children with acute rheumatism and rheumatic heart disease. This is very reminiscent of Bristol in the building of Winford Hospital School forty years ago.

The reason for the striking fall is far from clear. It parallels a decrease in the severity of all illnesses due to the haemolytic streptococcus. Theoretically this might be the result of the effect of antibiotics but in point of fact the change started before the introduction of these drugs. It is tempting to attribute the change to the general increase in the standard of living and improved social conditions. This would also explain the continued severity of the disease in the less well developed countries of the world.

Summary of School Cases attending Cardio-Rheumatic Clinic, 1964

including Primary, Secondary and Special Schools

	No treatment or restriction	*No treatment but restriction of games etc.*	*Treatment and school*	*Treatment and exclude from school*	*Institutional treatment*	*Total*
NEW CASES:						
Rheumatic heart disease	1	—	—	—	2	3
Chorea	—	—	—	—	1	1
No organic disease	20	1	—	—	—	21
Congenital heart disease	6	—	—	—	—	6
Acute rheumatism	—	—	—	1	6	7
	27	1	—	1	9	38
RE-EXAMINATIONS:						
Rheumatic heart disease	27	4	—	—	1	32
Chorea	7	—	—	—	—	7
No organic disease	118	—	1	—	—	119
Congenital heart disease	46	4	—	—	—	50
Acute rheumatism	221	—	—	—	—	221
	419	8	1	—	1	429

No. of individual children examined	262
No. of new cases for 1964	38
No. of re-examinations	429
Total number of attendances	465

CHILD AND FAMILY GUIDANCE SERVICE

R. F. Barbour

PREMISES

The only noteworthy change is the beginning of modifications to the premises at Southmead, which will result in a most satisfactory clinic existing there in the course of the next few months.

The Child Guidance Unit at Mary Hennessy Clinic was re-opened in February 1964, after the unfortunate fire the previous year.

ANNUAL STATISTICS

The figures here call for little comment, being roughly parallel to those of the preceding year. Perhaps one of the most interesting features is that the amount of work called for is subject to such little variation.

	1963	*1964*
Psychiatric		
Diagnostic interviews	456	477
Treatment interviews	2,596	2,405
Parent interviews	73	117
Others interviewed	154	151
Psychological		
Examinations, including Juvenile Court cases	422	419
Treatment interviews	1,316	1,063
Parent interviews	251	137
Others interviewed	50	63
Other visits	74	76
Social		
Interviews with parents	3,942	3,588
Interviews with others	72	92
Home visits	487	578
Other visits	36	69

It will of course be readily recognised that these figures only give an indication of the work done in the traditional clinical setting. Apart from this, a considerable amount of advisory and teaching work is being called for in many directions. This is shown up by the almost constant stream of visitors to the clinic.

Apart from these informal methods of teaching, one residential refresher course for school medical officers, psychiatrists in training, and general practitioners, was held in the early part of the year, and very much appreciated. Also, under the auspices of the University Extra-Mural Department, an evening course is being held in the two winter sessions. Under the arrangement with University College, Cardiff, three psychiatric social workers were trained during the autumn, and in addition to this, quite a number of social workers have been attached to various clinics for shorter periods of time.

As noted earlier in this report, the clinical work load shows a remarkable degree of stability. However, one is bound to become more and more aware of the needs of the many emotionally disturbed children who cannot be helped by exist-

ing approaches to the problem. We have on the one hand the parents and children who are able to benefit from clinical treatment, and at the other extreme those children whose relationships with the family are so disturbed that they have to be removed altogether. There exists between these two poles a very large number of children who are disturbed, but whose parents, by virtue of the total disturbance of the family background, are unable to help in their children's adjustments. The obvious place in which these children can best be helped is in the school setting, and it is to be hoped in the future that day classes for the maladjusted can be set up in order to deal with these problems.

STAFF CHANGES

Dr. Gay, our part-time registrar, left us on April 17th to take a senior post in Sheffield, and was replaced by Dr. Mary Hinchliffe, part-time registrar, on 13th May.

Dr. Gray, school medical officer, rejoined us part-time on the 25th June, and on 1st December we were glad to welcome the half-time appointment of Dr. T. C. Waters, who as senior registrar, divides his time between the Clinic and the Children's Hospital.

We were sorry to lose, on 25th August, Dr. Klaus Wedell, educational psychologist, who took a senior post at Kingston-upon-Hull Child Guidance Clinic. Mrs. S. Marsh, however, joined us later in the year, on 1st October.

On the psychiatric social work side, Mrs. Brown left in the early part of the year (20th March) to have her first baby, and Mrs. Porter joined us in the autumn (1st October).

OTHER EVENTS OF INTEREST DURING THE YEAR

The day-to-day demands of clinic work leave little time for scientific research. The contribution made, however, by the staff of the Service towards the understanding of maladjusted children, and the high regard that their colleagues have for them, is shown by the many requests received for lectures, and by their being asked at times to serve on national committees.

The Senior Educational Psychologist, Mr. R. V. Saunders, M.A., B.Ed., served as :—

1. Member of Secretary of State's Advisory Committee on Handicapped Children since December, 1963.
2. Member of all four International Study Groups on Cerebral Palsy which the Spastics Society has held at two-year intervals since 1958.
3. Tutor of Bristol University Institute of Education two-year part-time course leading to the Advanced Certificate in Education, for teachers of educationally subnormal children.

Mr. Saunders' Visit to Sweden

Mr. Saunders' notable contribution towards the educational work with spastic children was recognised by his being awarded the 1964 Lectureship of the Swedish Folke Bernadotte Foundation for outstanding work in the field of cerebral palsy. This Foundation was created in 1958 in memory of Count Folke Bernadotte, who

was assassinated in Palestine in 1948 while acting as mediator between Jews and Arabs. It built two magnificently equipped schools for cerebral palsied children in Goteburg and Uppsala. The income from the remaining portion of the fund is devoted to encouraging the advancement of knowledge of cerebral palsy among those working in this field in Sweden. The Folke Bernadotte Lectureship was created in order to invite annually to Sweden individuals from other countries who it was felt had some useful knowledge and experience to impart to their Swedish colleagues.

In Mr. Saunders' case it was a particularly outstanding honour, as he was the first non-medical person to receive such an award.

Bristol Education Committee made a most generous gesture in giving Mr. Saunders special leave in order to fulfil the requirements of the Lectureship by spending four weeks lecturing and visiting schools and centres and child guidance services in Oslo, Goteburg, Orebro, Uppsala, Helsinki and Stockholm. In addition to many lectures and discussions, the films " Claremont " and " Back to Claremont" were shown and very much appreciated.

In connection with this Swedish visit, Mr. Saunders was on sound radio and television prior to his trip, and was interviewed again for sound broadcasting on his return.

Dr. Barbour's Visit to Hanover

Dr. R. F. Barbour, M.A., F.R.C.P., D.P.M., was invited by the City of Hanover and the State of Lower Saxony to visit Hanover in February, 1964, when he was the guest of the Government and gave several lectures. He was honoured by an official luncheon, to which were invited the heads of various departments of the City and State.

Dr. Barbour met not only the administrators, but also the staffs of the various child guidance clinics in Lower Saxony, and police officials concerned with juvenile delinquency.

Dr. W. L. Walker, M.D., D.P.H., D.P.M., was the consultant psychiatrist on the consultant panel of the National Association of Mental Health throughout the year.

Previously, in July, 1963, Dr. Walker was accorded the degree of M.D. by Aberdeen University for his thesis on brain-damaged children.

Dr. H. S. Coulsting, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.M., appeared on B.B.C. and T.W.W. on such topics as " Popularity of Beat Groups," " Corporal Punishment," and " School Phobias."

Mr. G. W. Herbert, B.A., educational psychologist, also appeared in two half-hour programmes on A.B.C. television's psychology series in " Headway "—one concerning individual intelligence tests (two Bristol children were used) and the second, other human abilities, including creativity.
Dr. Patricia Thomas.

CHILDREN'S CHEST CLINIC

During the year, fifty children (including two under five) were seen at the children's chest clinic. Twenty-two of these were new cases and twenty-eight were earlier referrals continuing to attend for advice and treatment. Altogether 118 attendances were made at the clinic.

Towards the end of the year, Dr. Sutcliffe left to take up the post of Senior Medical Officer of Health at Cardiff. He had run the clinic for over four years and was well liked by the children and their parents. His place has been taken by

CHIROPODY CLINIC

ATTENDANCES, 1964

	School Children		*Pre-School Children*	
	First	*Other*	*First*	*Other*
Metatarsalgia	1	9	—	—
Hammer toes	17	47	—	—
Verrucae plantaris	472	1,559	1	1
Hallux valgus	7	31	—	—
Foot strain	7	3	—	—
Miscellaneous	152	219	7	4
	656	1,868	8	5

DEATHS OF SCHOOL CHILDREN

The following is a record of the number of deaths of children aged 5 to 14 inclusive in Bristol for the last few years :—

1960	1961	1962	1963	1964
22	24	16	20	19

The figure for 1964 was the second lowest recorded. The causes of death according to the Registrar General's classification were as follows :—

		No. of Deaths
9	Infective and parasitic diseases	1
14	Malignant — other lymphatic neoplasms ...	2
15	Leukaemia	1
17	Vascular lesions of the nervous system ...	1
21	Other circulatory diseases	1
23	Pneumonia	2
31	Congenital malformations	4
32	Other defined and ill-defined diseases ...	3
33	Accidents — motor vehicles	3
34	Accidents — other	1
	Total ...	19

Only one fatality from acute leukaemia was recorded. One severely subnormal child had been in the care of the Health Authority and all the others had attended maintained schools.

DENTAL CLINICS

J. McCaig

This has been a year of little change. Staffing remained fairly constant and at the end of the year there were 11 full-time dental officers and 8 part-time, making an equivalent total of 14·6. In addition, 2 full-time dental auxiliaries were employed.

Mrs. Bailey, the dental hygienist, left in September after nearly twelve years' service, and our best wishes go out to her and her husband, and their infant son born in December.

A local authority dental department was opened at the St. George Health Centre. This department will relieve pressure on Speedwell Clinic and give a dental service to pre-school children, expectant and nursing mothers, and school children in this busy part of Bristol which has been without a service for so many years.

The problem of recruitment on a permanent basis is still with us, and in previous reports mention has been made that remuneration and career prospects have always been the basic factors affecting the entry into the School Dental Service. The Whitley Council, which controls the salaries and conditions of Dental Officers, has brought forward new proposals which may influence the recruitment to the School Dental Service. Increased salaries have been agreed upon and changes in staffing establishment, so that Area Dental Officers can obtain experience in administration, and a new grade of Senior Dental Officer has been created; all this improves the advancement prospects of Dental Officers, giving the service a career structure.

Inspections carried out in secondary schools in some areas in Bristol revealed that many children are receiving conservation treatment from the General Dental Service and the contribution made by this Service accounts for the change in attitude to this preventive measure. The School Dental Service in Bristol is beginning to play an important part too in preventive dentistry, as more time is available for conservation treatment, because the number of general anaesthetics has been reduced and less emergency treatment is given.

The aim of any school dental service should be to provide a maximum number of children with healthy teeth, enabling staff to engage in educative work and high standards of conservative treatment. Thus, the wind of change is blowing through the school dental service, which originally devoted more of its time to the relief of pain. This year, too, the school dental service has benefited by the fact that responsibility no longer lies with the Department of Education and Science alone, but is now shared with the Dental Staff of the Ministry of Health, whose extensive experience in the provision of dental treatment will prove to be of considerable value.

Meetings have been held in various parts of the country between the Chief Dental Officers of local authorities in these areas, and the Chief Dental Officer to the Ministry of Health and Department of Education and Science, and his dental advisers. These meetings were most valuable and in order to bring the local authority dental service more in line with the National Dental Service, new annual returns have been asked for and will take effect from the 1st January, 1965.

The Ministry Dental Staff explained the new policy towards the local authority dental service, emphasising that frequent and regular inspections of every school child should be carried out, and that treatment should be obtained not only from local authority dental services, but from the National Health Service general dental practitioners. Another factor which must be considered in the change of scene of local authority dental services, is the employment of trained dental auxiliaries to carry out the simpler operative tasks. In Bristol there are two full-time dental auxiliaries and our experience has been that they carry out their duties in a very responsible manner and that they are held in great esteem both by the patients and parents. There are difficulties in employing auxiliaries; there must be two or more surgeries in a clinic because auxiliaries can only carry out the work for which they have been trained if a dental officer is actually on the premises, and it is this strict direction enforced by the General Dental Council which is one of the main difficulties. If a dental officer has to go out on a school inspection, or visit another clinic in an emergency, arrangements can be made for the dental auxiliary to do non-clinical work such as dental health education, but the situation would be much easier if the auxiliaries could carry out the prescribed work without immediate direction. Their contribution to the Service is valuable not only in reparative work, which is still the main task of any school dental service, but in dental health education as well. They have been specially trained in this valuable work which will in future take an increasingly important part in the local authority dental service. Dental health education is more likely to succeed if carried out by people who possess the detailed knowledge required and the abundant enthusiasm necessary to regard themselves as totally involved in dental care. Health education officers, health visitors and others are very useful in disseminating information about dental health, but it is not their primary duty, and therefore does not have any priority in their minds. Dental officers and their ancillary staff are the people who are involved and affected and it is in their hands that dental health education should remain. Dental health education should be a continuous process and this year in Bristol we carried out our normal programme of giving talks in schools, showing films and distributing leaflets. In addition a dental health painting competition was held in the schools. Head teachers selected the best entries of each age group and the final judging was carried out by the Chief Dental Officer and his ancillary staff, Mr. Mackintosh, the Health Education Officer, and Mr. R. Whiteford, Schools Art Organiser. The prize winners were given savings certificates presented to them by the Lord Mayor of Bristol, Councillor Kenelm Dalby. I wish to thank the Lord Mayor for his interest in this competition and in spending valuable time to present the prizes, and all who made this competition the success it turned out to be, with special mention of the head teachers, without whose support it would have been impossible. We are grateful also to the staff of the Special Services Department of the Education Department who arranged and displayed the paintings for the final judging.

The Chairman of the Joint Health and Education Sub-Committee, Councillor V. Thomas, suggested that dental health slogans should be printed on the back covers of exercise books distributed to Bristol school children. Slogans were submitted by the Dental Staff to the Education Department and the Secretary of the Teachers' Consultative Committee, Mr. Welch, adapted the slogans for suitability to different age groups of children, as exercise books are distributed according to age groups. This latter idea was commended in a report by Dr. Wynne, Dental

Officer to the Department of Education and Science, who had visited the Local Authority Dental Service earlier in the year.

The table at the end of the report shows the amount of work carried out by the Local Authority Dental Service during the year.

EAR, NOSE AND THROAT SERVICE

R. Kenneth Roddie

1964 completes my first year as Ear, Nose and Throat Consultant to the School Health Service of the City and County of Bristol.

Taking over a well organised and efficient E.N.T. service, due in great measure to the work of Mr. H. D. Fairman over the past fifteen years, has made my task easy.

The early detection and treatment of the deaf child remains number one priority. It is now generally accepted that this disability can be overcome most effectively and easily by starting treatment during the period of normal physiological development of hearing and speech. The ability to recognise and interpret sounds is learnt to a great extent during the first year of life, the period of " readiness to listen." After the age of three, the facility for learning to recognise new sounds, and therefore speech, diminishes so that by the age of five it is difficult to teach a child through his hearing, if there has been no previous training. By the age of seven it is said to be almost impossible. The period of " readiness to speak " is about the age of twelve to eighteen months.

These facts emphasise the urgency of detection at the beginning of this period. The older child with an acquired deafness will also greatly benefit by early detection, for not only may the lesion itself be arrested by treatment, but the development of a disability may be prevented.

In the past, detection of the pre-school child with a hearing impairment was left to haphazard fate. Although there is now a greater awareness of the problem, much propaganda is still required to make it generally recognised that deafness can be suspected, diagnosed and treated during the first year of life. The child's parents, the family doctor, and the nursery school teacher must always be on the watch for it.

Health Visitors who have received special training are undoubtedly the most suitable people to carry out screening tests on infants under one year, and in Bristol I hope that before long not only " at risk " cases but all infants will be routinely tested in the immediate postnatal period, at about five months and again at seven months.

It is essential that hearing and speech development should not be divorced from one another and I am very pleased to report that 1964 has seen the birth of a Hearing and Speech Centre in Bristol. Besides deaf children with speech defects, more and more children are being referred to Hearing Assessment Clinics with disorders of speech not related to deafness. By co-ordinating all the services connected with hearing assessment and speech therapy, it will now be possible to treat these handicapped children more effectively. Ultimately it is hoped to develop close ties between this combined service and the paediatric, neurological, psychological and psychiatric services.

It will be seen from the figures of attendances at E.N.T. Clinics in 1964 that the number of nose and throat cases remains about the same as for 1963, but that there has been a significant drop in the number of cases of chronic suppurative otitis media. The latter may reflect generally healthier children in this affluent society.

On the other hand, the continued increase in the number of cases of catarrhal conditions of the ear is a matter of concern. Causing an insidious and silent deafness, these children develop definite communication problems with resulting poor scholastic performance. The routine audiometric screening of all children after entry to school is proving most effective in picking up these cases. Unfortunately, the bottle-neck caused by deficiency of hospital resources is delaying the treatment of these children.

Finally, I would wish to acknowledge the willing co-operation of the Principal School Medical Officer and his staff and the Chief Education Officer. Without this, little could have been achieved.

ATTENDANCES AT E.N.T. CLINICS

	1964			*1963*		
	First	*Other*	*Total*	*First*	*Other*	*Total*
Chronic suppurative otitis media ...	22	18	40	47	69	116
Other ear	533	164	697	427	213	640
Nose and throat	561	168	729	540	261	801
Total ...	1,116	350	1,466	1,014	543	1,557

HEARING ASSESSMENT OF SCHOOL CHILDREN AND PLACEMENT OF CHILDREN WITH HEARING DEFECTS

J. E. K. Kaye

The hearing assessment of school children in the first year of school life is now established as a part of the medical examination of school entrants. It is our aim to examine the hearing of all new admissions to infants' school each year. At present, with only one full-time audiometrician, it takes at least 18 months to screen the hearing of entrants to Bristol infants' schools. As a result some children have the screening test after they have been in school for over a year. It is important that hearing should be assessed as soon as a child is settled in school, preferably in the second or third term. Delayed diagnosis of hearing loss may cause great difficulty for the child in adjusting himself to school life. His scholastic achievement and social development can be severely retarded and the child may become emotionally disturbed, insecure and difficult to manage.

We hope, however, to appoint a second audiometrician next year and then there should be no delay in the screening of infants.

The hearing test at school would be very difficult, if not impossible, without full co-operation of head teachers and their staff and we have been most fortunate in meeting this in every school. The method of screening infants at school followed the pattern of the previous years. The children in 5 to 6 year age groups were tested on the pure tone audiometer on 250-8,000 frequencies (cycles per second) at an intensity of 25 decibels, which is the loudness of a quiet whisper. The children

who failed the screening test were summoned to the nearest clinic for full audiometric tests and were also examined for any E.N.T. abnormalities by the School Medical Officer. A considerable number of children examined at these sessions showed no significant hearing loss and were discharged. Children with moderate hearing loss and also children with slight hearing loss but with E.N.T. pathology were referred to the E.N.T. consultant. A group of children with slight hearing loss but without obvious E.N.T. abnormalities were kept under observation.

HEARING SCREENING OF SCHOOL ENTRANTS, 1964

		%
Number of schools visited	70	—
Total screened at school	4,850	—
Total failed at school	1,709	35
Investigated at Clinic		
Passed	587	34
Failed—referred to E.N.T. clinic	142	8
—slight hearing loss, referred for further observation	218	13
Already under E.N.T. treatment	107	6
Did not attend	88	5
Not yet seen	556	33
Left Bristol	9	—
Referred to Hearing Assessment Clinic	2	—

In addition, clinic appointments were made at the request of parents or teachers for 48 children not screened at school. Of these, 23 were discharged, four were referred to the E.N.T. clinic, seventeen were found to have slight hearing loss and referred for further observation, one, with no hearing loss, was referred to the psychologist, and three were already having treatment.

Apart from the routine screening of hearing in infants, we also examined children in other age groups who had defective speech or were suspected of deafness by school medical officers, teachers or parents. At the end of this year we started routine hearing tests of all children placed in the Bush Training Centre. This group of children presents a special problem. The work with them is difficult, time-consuming, requiring patience and perseverance. We expect to complete the examination of these children at the beginning of next year and in the future all admissions to the Bush Training Centre will have a routine hearing test.

Children who are deaf or partially hearing are placed as follows. There is a number of children who have a slight permanent hearing loss or children with a temporary hearing loss who can manage in an ordinary school without a hearing aid. These children usually make satisfactory scholastic progress but benefit from a suitable position in the class-room and if given special attention by the teacher. In the next group are children who have considerable hearing loss who require a hearing aid. They can follow teaching in an ordinary school and take part in all school activities but they require the same attention as children in the first group and they also need tuition and supervision by the teacher of the deaf. Children who are unable to benefit from education in an ordinary school because of severe impairment of hearing with delayed development of speech and with difficulties in social adjustment are placed in units for partially hearing children. In Bristol there are four of these units: two for infants, one in Ashton Vale and one in Henbury Court Infants' Schools, and two units for juniors, attached to Eastville

Junior School. The maximum number of children in a unit is ten. They are taught by a teacher of the deaf and the aim is to integrate them into normal school life as much as possible. They are encouraged to mix with hearing children in classroom, playground and at meals and to join in all school activities. This stimulates partially hearing children to listen and to use speech as a means of communication with other children. As yet there are no units for partially hearing children in secondary schools. These children attend ordinary schools and are supervised by the teacher of the deaf. The possibility of establishing units for partially hearing children who have reached secondary age is being considered. Profoundly deaf children or those with little residual hearing attend Elmfield School for the deaf. There is a small group of deaf children who for social reasons are placed in the residential schools for the deaf. Finally there are several spastic children with severe impairment of hearing. These children attend Claremont School for spastics. They are supplied with hearing aids and for half of each day are taught by the teacher of the deaf. The figures below show the number of children who have special educational treatment because of impaired hearing.

	Boys	*Girls*	*Total*
1 Partially hearing children with hearing aid attending ordinary schools but supervised by the peripatetic teacher of the deaf	20	20	40
2 Partially hearing chidren attending the unit at Ashton Vale Infants' School	4	4	8
3 Partially hearing children attending the unit at Henbury Court Infants' School	6	3	9
4 Partially hearing children attending two units at Eastville Junior School	9	9	18
5 Partially hearing children attending ordinary secondary schools supervised by the teacher of the deaf	8	1	9
6 Children attending Elmfield school for the deaf	26	20	46
7 Children placed in residential schools for the deaf	5	3	8
8 Cerebral palsy partially hearing children attending Claremont School for spastic children and taught by the teacher of the deaf	1	6	7
Total ...	79	66	145

EMPLOYMENT OF CHILDREN

During this year, 410 children have been examined in order to ascertain their fitness for part-time employment. Of these, one boy was found to be unfit, because of his unsatisfactory physical condition at the time of application, and the remainder of the children were registered for part-time employment as shown below.

Employment	*Boys*	*Girls*	*Total*
Newsagents	281	20	301
Others	42	66	108
	323	86	409

CHILDREN IN ENTERTAINMENTS

In addition to those children permitted to take up part-time employment, 20 children were examined and found fit to take part in entertainments before being licensed by the Local Authority to do so. Of these, 6 were boys and 14 girls.

ENURESIS CLINIC

There is a steady demand for the treatment of enuretics. Diagnosis and treatment are often protracted and this leads to the building-up of a waiting list of new cases. At present three medical officers are running enuretic clinics, and four sessions a week are held. It is hoped next year to increase this provision.

	First	*Other*
Attendances 1964	262	683

EYE CLINICS

A total of 4,444 children was seen by the ophthalmologists during the year and they made 6,831 attendances. The number seen is an increase on the previous year's total of 4,219. An extra weekly session has been provided by the Regional Hospital Board, since the opening in September of a new eye clinic at the Mary Hennessy Clinic, Hartcliffe, fully equipped for ophthalmic and orthoptic work. This is the first time an orthoptic service has been provided at a peripheral clinic, and since November a second orthoptist has also been made available by the Regional Hospital Board for part-time work in the clinics. During the year 480 children were treated by the orthoptists, making a total of 2,578 attendances.

There is still a long waiting list for the eye clinics, and it is hoped that it will be possible for the number of sessions to be increased still further.

A number of visits has been made this year to Claremont School by a consultant ophthalmologist to provide an on-the-spot service for the spastic children whose transport and treatment in the ordinary clinics present difficulties. We are grateful to Mr. Lloyd Johnstone for his interest in this group of handicapped children.

The position with regard to squint operations has improved since last year, with improvements in the staffing and accommodation situation at the Bristol Eye Hospital. The number of squint operations on Bristol school children has risen from 161 (1963) to 211 (1964).

HANDICAPPED CHILDREN AND SPECIAL SCHOOLS

BLIND CHILDREN

The Authority was maintaining 14 children at the Bristol Royal School for the Blind at the end of 1964, 8 boys and one girl being resident and three boys and two girls day pupils. The following were maintained outside the city.

	Boys	*Girls*
Royal Normal College for the Blind	1	2
Worcester College	1	—
Chorleywood College	—	1
Sunshine House, East Grinstead	1	—
Further Education		
Birmingham Royal Institute for the Blind ...	1	1

PARTIALLY SIGHTED CHILDREN

At the end of the year there were 18 children (11 boys and 7 girls) at the unit for partially sighted children at South Bristol School.

DEAF CHILDREN

Elmfield School for the Deaf

R. E. Olding

During 1964 two children left school to be successfully placed in employment; one was transferred to Eastville Partially Hearing Unit, two to follow full-time courses at Bath Technical College, and another to the West of England College of Art.

Two school educational journeys, each of one week's duration, were carried out respectively to the Isle of Wight and the Channel Islands. Visits were also made to London, Bristol Docks, Berkeley Castle, the Severn Wild Fowl Trust, the Severn Bridge Site and local farms and factories.

The Lord Mayor, Alderman Mrs. F. M. Brown, officially opened the " new wing." This comprises a medical rooom, library and science-projection room.

A tennis court, and long and high-jump approaches and pits were completed in time for the summer season.

Many visitors were received during the year and these included the Lord Mayor, Mr. W. Snowdon, H.M.I., and Mr. A. T. Parnham, H.M.I.

At the end of the year, forty-six children were on the roll, twenty girls and twenty-six boys.

In addition to the children at Elmfield, the following deaf children were being maintained at residential schools at the end of the year:

	Boys	*Girls*	*Total*
Mary Hare Grammar School, Newbury	—	2	2
Royal West of England School for the Deaf, Exeter ...	3	1	4
St. John's School for the Deaf, Boston Spa, Yorks. ...	1	—	1
Royal School for the Deaf, Birmingham	1	—	1
Total ...	5	3	8

PARTIALLY HEARING CHILDREN

See " Hearing assessment of school children and placement of children with hearing defects," under EAR, NOSE AND THROAT SERVICE, above.

EDUCATIONALLY SUB-NORMAL CHILDREN—DAY SPECIAL SCHOOLS

Henbury Manor School (Junior Children)

Jean Davis-Morgan

The children who receive special educational treatment at Henbury Manor are all less able E.S.N.'s with multiple handicaps. A small proportion have specific speech defects and a great number have unintelligible or poor speech. For this reason concentration in 1963-64 has been on speech therapy. Two afternoons a week are devoted to drama in many experimental forms. Stories are dramatised and situations mimed while group acting is based on the old fashioned charade. In the autumn term there were four special productions of plays. Plays chosen were an original (very!) Chinese story " told " by our Pekingese; Androcles and the Lion (which was a glorious technicolour production with " thousands " of extras), and at Christmas an experiment " in the round " with a nativity play written in verse.

Our unusually well stocked wardrobe of theatrical costumes enables the children to forget themselves and their verbal inadequacy, and don the role of another character.

We have established an excellent relationship with the children at Henbury Court Primary School and exchange visits are arranged once or twice yearly. This I feel lays a true foundation for after-school life when the academically successful boy or girl can appreciate the problem of the handicapped citizen instead of looking upon mental subnormality as a stigma.

During 1964 we have maintained a high percentage of daily attendance. Numbers at the end of the year were 31 girls and 48 boys.

Russell Town School (Senior Boys) J. N. Tolley

There has been a steady increase in the number of boys on roll at Russell Town during 1964 and at the end of the year we had 141 boys in attendance including four from Somerset. There was in addition a small number awaiting admission.

The question of alternative premises has reached the stage at which the Department of Education and Science has given preliminary approval to the proposal to build a smaller school for 100 boys. There has been some questioning of the wisdom of building for such a number, and some discussion in regard to availability of sites, and whether we should remain committed to a single sex school. Meanwhile we continue to try to do our work in a building which is quite unsuitable and far too small.

During the year staffing difficulties have persisted following the retirement of one member and the promotion of another. Whilst agreed additional staff, one extra teacher, will bring the school closer to present-day standards, owing to recruitment difficulties this will not be achieved until the beginning of 1965.

We still have urgent need of a social worker as a permanent member of staff to deal with the many problems which arise during a boy's career in school, to help in the transition to employment, and to provide after-care supervision. The importance of such an appointment cannot be stressed too much, and it should be given careful consideration in 1965.

Throughout 1964 we have continued and expanded our facilities for helping boys into employment. The Youth Employment Officer concerned has played an increasing part in this by frequent visits to the school, and contact with our leavers. The Sheltered Workshop run by the Bristol Society for Crippled Children and Disabled Adults has continued to make workshop experience available to our leavers, and many employers, Heads and staffs of other schools, and staff in the Education Department have helped with our preparation for employment scheme. Our thanks are due to them all.

House in the Garden School (Senior Girls) I. M. Bond

1964 was a year of steady progress. Some development in physical education took place, especially an extension of our outdoor activities, and we continued with ways of widening the outlook of our girls, such as further visits and connections with other schools.

As mentioned in my last report, we have met recently so many more perceptual difficulties and sensory motor defects that we carried out an investigation into this and tried more training. As yet the results of this have not been finalised.

The number on the school roll at the end of the year was 85; this included two girls from Somerset.

SPECIAL CLASSES FOR E.S.N. CHILDREN IN ORDINARY SCHOOLS

During the year a further 6 classes for educationally subnormal children in ordinary schools were approved, making a total of 62 altogether, 40 in primary and 22 in secondary schools.

EDUCATIONALLY SUB-NORMAL CHILDREN—RESIDENTIAL SPECIAL SCHOOLS

Croydon Hall School (Senior Girls), Felon's Oak, Minehead M. H. Davies

1964 was an eventful year for Croydon Hall, and a difficult one. From Easter until Christmas the house was overcrowded both with people and furniture, for the old stable premises were being transformed. A new domestic science room appeared out of the old garage and a games room, a pottery and a new classroom from the horse boxes. Above, the junior classroom was enlarged, and two pleasant little staff flats were created. Steps lead from the new classroom on to the lawn, and with its roof-plan almost unaltered the whole fits well into the style of the house itself. The new rooms look out on to the garden and away beyond it, to the Quantock Hills.

The marvellous summer, extending far into the autumn, gave us opportunity to watch the changing face of the stables. Sometimes breakfast was out of doors, dinner and tea nearly always were, and most lessons, while in the evening, supper was generally around the camp fire where we had burned the rubbish for the builders. We danced so often on the lawn that the gardener protested. The tennis court was in full use. The gift of a superb croquet set kept us out of doors even longer, and there were regular swimming classes in Minehead.

The summer play was rehearsed so often that the workmen knew it off by heart, and the sound of Robin Hood's horn often roused our nearest neighbours.

When autumn came it was impossible to accommodate the full quota of girls, and only 34 returned to school. 13 of these came from Wiltshire, 10 from Bristol, 2 from Dorset, 3 from Somerset, and 1 each from Gloucester, Plymouth, Cornwall, Kent, Essex and Minden (Army), and of these 9 were under care.

During the summer term the problem of smoking became acute and 15 out of 35 girls confessed to being smokers; one had smoked since she was 5 years old, and many had smoked with their friends and parents whilst on holiday. But all were quite willing to make an attempt to stop, an attempt which has proved astonishingly successful.

During the year there has been erected in the field beyond our ha-ha a sewage disposal unit. It has been built to replace the inadequate existing arrangement.

In the autumn term the reservoirs were low, and we had to limit our frequent baths to one per week. We were short-staffed through illness, and very short of room when winter made the garden impracticable. But the Hallow E'en witches,

Guy Fawkes and Father Christmas came as usual, and the end of term saw our beautiful rooms nearly finished.

Kingsdon Manor School (Senior Boys), Somerton G. A. Morris

At the end of 1964, there were thirty Bristol boys at the school and twenty-nine from other authorities, as follows:

Reading	2	Newport	1
Plymouth	2	Monmouthshire	1
Exeter	2	Burnley	1
Devonshire	2	Croydon	1
Berkshire	2	Gloucestershire	1
Somerset	5	Bournemouth	2
Cornwall	4	No area (Church of England Society) ...	1
Southampton	2		

During my last year, the boys were remarkably free from any serious illnesses and there was very little sickness of any kind.

Twenty years ago little medical information was available to Headmasters of residential schools and there was no single general practitioner locally responsible for the health of the pupils. With the advent of the National Health Service in 1948, all the boys were placed on the list of one local medical practitioner and ranked as visitors on their return to their own homes in holiday time. The continuity, then started with the service of a general practitioner, has been maintained by the close relationship and interest of the staff of the Yeovil General Hospital.

Advances have been made in prophylaxis against common infectious diseases. It has been felt desirable that all boys should be protected against diphtheria before entering the school and fairly recently polio vaccination has also been thought to be necessary. For some time Mantoux testing of tuberculous experience and B.C.G. vaccination where necessary has been done with the help of the Somerset School Health Service. Recently, also, influenza vaccination has been offered to pupils and staff at the start of the winter and has been considered by the recipients to have been of assistance in warding off attacks of influenza.

In the past few years, which have seen an increase in the number of boys coming from other local education authorities, there has been need for much collaboration with other school health services about the welfare of the boys and this has been freely given.

In conclusion, I should like to thank the staff of the School Health Service for their continued interest in the health and welfare of the boys at the school.

The following children were being maintained at other residential schools for educationally subnormal children:

	Boys	*Girls*	*Total*
All Souls' School, Hillingdon, Middlesex	—	5	5
Besford Court R.C. School, Worcs.	11	—	11
High Close School, Wokingham, Berks.	—	1	1
Rowdeford School, Devizes	—	1	1
St. Joseph's R.C. School, Cranleigh, Surrey	1	—	1
Total ...	12	7	19

CHILDREN UNSUITABLE FOR EDUCATION AT SCHOOL

Under Section 57 (4) of the Education Act (as amended by the Mental Health Act, 1959), the Education Committee decided that 14 children (7 boys and 7 girls) were suffering from such disability of mind as to make them unsuitable for education at school, and furnished reports of those decisions to the Mental Health Authority. Their ages were as follows :

Age	*Boys*	*Girls*
5	2	1
6	1	1
7	2	2
8	1	1
9	—	1
10	1	—
11	—	1
	7	7

E.S.N. SPECIAL SCHOOL LEAVERS, 1964

	Boys	*Girls*	*Total*
Referred to the Local Health Authority for informal supervision	13	12	25
Referred to special schools welfare officer for after-care	9	10	19
	22	22	44

MALADJUSTED CHILDREN

At the end of the year, 50 maladjusted children were being maintained in residential schools and hostels as listed below. The previous year's total was 49.

	Boys	*Girls*	*Total*
Bessels Leigh School, Abingdon, Berks.	2	—	2
Blaisdon Hall Salesian School, Longhope, Glos. ...	1	—	1
Bourne House Hostel, Lincs.	—	2	2
Burnt Norton School, Chipping Campden, Glos. ...	3	—	3
Camphill Rudolf Steiner School, Aberdeenshire	1	—	1
Chaigeley School, Thelwall, near Warrington	1	—	1
Drayton Manor School, Sherfield on Loddon, Hants. ...	6	—	6
Edward Rudolf Memorial School, Dulwich, London ...	2	2	4
Kingsmuir School, Sussex	1	—	1
Marchant-Holliday School, Temple Combe, Somerset ...	6	—	6
Muntham House School, Sussex	2	—	2
Potterspury Lodge School, Towcester, Northamptonshire	—	1	1
Prior Park Preparatory School, Cricklade, Wilts. ...	1	—	1
Royal Wanstead School, Wanstead	—	1	1
St. Andrew's School, Bridgwater, Somerset	2	—	2
St. Ann's Special School, Portobello Road, London ...	—	2	2
St. Peter's School, Horbury, Yorks.	—	2	2
Shotton Hall School, Shropshire	3	—	3
Southfields Hostel, Ilminster, Somerset	2	—	2
Stonehill St. Anthony Hostel, Nympsfield, Glos. ...	—	1	1
Sutcliffe School, Winsley, Wilts.	4	—	4
Walton Elm School, Sturminster Newton, Dorset ...	2	—	2
Total ...	39	11	50

DELICATE AND PHYSICALLY HANDICAPPED CHILDREN

Periton Mead Residential School — C. A. Organ

Last year we began to feel the benefit of the extra playing space at Periton Mead. In 1963 our kitchen garden was ploughed up, and the whole area was prepared and sown with grass seed. During last year we were able to have cricket, football, and athletic sports on a fair-sized grassed area, whereas previously we had been restricted to one lawn and a hard-surfaced playground.

Five of our children took the selection tests last year and two of them, both girls, obtained places at grammar schools in Bristol.

Our " Open Day " was a most enjoyable one. The seniors did some scenes from " The Tempest " which were produced by Mrs. Richards, our Senior Mistress, and the dances were arranged by Mrs. Organ, the Matron. Many parents came down from Bristol and we had a number of local visitors.

Contacts with people and organisations outside the school are maintained. Our children regularly attend the Avenue Methodist Chapel, and this year a junior choir has been formed. About a dozen of our children have joined the choir, and attend practice on Saturday mornings. The boys still have their scouting and meet other Minehead troops, while some of the older children attend evening classes in various subjects.

At present we have 45 children in residence, from the following areas :

	Boys	*Girls*
Bristol	17	9
Gloucestershire ...	2	2
Somerset	3	1
Wiltshire	3	—
Plymouth ...	—	2
Staffordshire ...	2	—
Cornwall	1	—
Poole	1	—
Kent	—	1
Jersey	1	—
	30	15

The ailments of our children can be summarised as follows :

Asthma	12
Asthma with associated eczema	8
Debility	9
Emotionally disturbed	4
Diurnal and/or noctural enuresis	4
Maladjusted	3
Recurrent bronchitis	3
Bronchiectasis	2

The table shows that asthmatics still form the bulk of our admissions, and the majority of them do well here.

South Bristol School — C. Williams

The number on our registers at the end of the year was 129. Of this total eight were from other authorities.

Our pupils were graded as follows, as we are officially recognised as dealing with only three categories of handicapped pupils :

	Boys	*Girls*	*Total*
Delicate	33	19	52
Physically handicapped	43	16	59
Partially sighted	11	7	18
	87	42	129

Many of our pupils would, however, have been more accurately described as epileptics, maladjusted, or educationally subnormal. Certainly the task of our teachers is far from simple, and gets more trying when only the truly difficult seem to escape the special class mesh.

The principal medical disabilities were :

1	Epilepsy	16
2	Congenital heart disease	11
3	Muscular dystrophy	8
4	Respiratory infection	7
5	Post-polio paralysis	5
6	Fibrocystic disease of the pancreas ...	4
7	Permanent disabilities after accident ...	3
8	Colostomy	3
9	Rheumatoid arthritis	2
10	Amyotonia congenita	2
11	Bladder neck obstruction	2

It will be seen from the above that the school must cater for a very wide range of disabilities. There are single cases of pupils suffering from conditions as varied as haemophilia, congenital absence of forearms, hare lip and cleft palate, Marfan's syndrome, Hansen's disease, spina bifida and psoriasis.

All these conditions, and the rest, have educationally retarded our pupils. A good deal of time and confidence has been lost. Patience and skill above average is called for in our teachers if educational handicap is not to be added to the permanent physical disability for many pupils. New methods must be tried when all the old ones appear to have failed.

A small group of senior backward readers (with attainments little more than those appropriate to children half their chronological ages) began to practise what has just been preached when they were introduced to the Initial Teaching Alphabet just before the close of the year. There is as yet insufficient time to make worthwhile comment on the experiment, save perhaps that it has gained the group's enthusiasm.

The school's work continues much as in earlier years. Two improvements were welcomed: regular weekly speech therapy commenced and the Vocational Guidance Officer held a number of group sessions with children due to leave next year. The range of our educational visits was slightly extended and groups of pupils have been escorted to a museum, a farm, a power station, a telephone exchange, an airport, a Remploy factory, and to Stonehenge and Southampton. Some pupils and staff also spent an interesting week-end exploring the Shakespeare country.

HOME TEACHING

The teaching force was as described last year with the three teachers (two full-time and one part-time) visiting 17 pupils (14 boys and 3 girls) at the end of the year.

Children were being taught at home for a variety of reasons including muscular dystrophy, amyotonia congenita and allergic rhinitis. Others have been excluded or excused from school because of acute depressive illness, school phobia or other difficulties.

Ability ranged from the dull up to a boy who added a second 'A' level G.C.E. success to the one he obtained last year. Another boy also gained an Advanced level certificate. This was a " combined operation ": we provided the tutor and invigilator, Redland College the amanuensis, while Redland High School entered him as a candidate. A third boy was successfully examined for three 'O' level G.C.E. subjects.

HOSPITAL TEACHING

Mr. C. Meese left the service in July, on gaining the headship of a junior school, and takes with him our thanks and good wishes. His replacement could unfortunately not be released until January, 1965. However, the services of a part-time teacher and some of the time of two of our Home teachers helped to plug this gap to some extent during the autumn term.

The range of children taught was as comprehensive as ever, but the majority again were from junior schools. Tuition was requested for a total of 710 child patients.

In addition to the children at the South Bristol School, the authority was maintaining two delicate children at residential schools—a boy at the Pilgrims' School, Seaford, Sussex, and a girl at Heathercombe Brake, Newton Abbot. The following children were at residential schools for the physically handicapped :

	Boys	*Girls*	*Total*
Lord Mayor Treloar College, Alton, Hants.	3	—	3
Penhurst School, Chipping Norton, Glos. ..	—	1	1
St. Rose's R.C. School, Stroud, Glos. ...	—	4	4
Thomas Delarue School, Tonbridge, Kent	2	—	2
Warlees School, Waltham Abbey, Essex ...	—	1	1
	5	6	11

Under further education arrangements, one girl and four boys were undergoing training at St. Loyes College, Exeter, a boy and a girl were at the Spastics Society's further education centre at Dene Park, and a boy was placed at Lord Mayor Treloar College, Alton, Hants.

EPILEPTIC CHILDREN

Sixteen epileptic children were accommodated at the South Bristol School for delicate and physically handicapped children, and one boy was being maintained at the Lingfield Hospital School for Epileptic Children in Surrey. These are the most severe cases, and over 350 pupils at the ordinary schools have or have had epileptic attacks in some form or other.

CHILDREN WITH SPEECH DEFECTS

At the end of the year only one speech defective child was being maintained at a special residential school—a girl, at Moor House School, Oxted, Surrey. In addition, there were ten children in the special class for children with delayed speech at St. James' and St. Agnes' Nursery School.

DIABETIC CHILDREN

A register of diabetic children is now kept, and heads are notified of the presence of these children in their schools and given a copy of a booklet, "Diabetes in Children," issued by the Bristol Diabetic Association, to help in the understanding and care of them. At the end of the year there were thirty-six diagnosed cases of diabetes in Bristol school children.

CHILDREN WITH MULTIPLE HANDICAPS

Eleven children with multiple handicaps were maintained at St. Christopher's, an independent school in Bristol for children in need of special care, two boys and a girl as boarders and five girls and three boys as day pupils. In addition the authority was maintaining a girl at Bethesda Special School, Cheadle, Cheshire, and two boys at the Sheiling Curative Schools, one at the Hatch, Thornbury, Glos., and one at Ringwood, Hants.

SPASTIC CHILDREN

Cerebral Palsy Assessment Clinic — **Grace E. Woods**

For the thirteenth year I am able to report that the work of the clinic has continued on much the same lines as in previous years. A wide variety of children with minimal to severe cerebral palsy, and with all ranges of intelligence, has been seen. These children would come under the overall heading of multiple handicapped children, and the members of the team have taken an interest in visual and perceptual defects, hearing, language and speech defects, epilepsy, congenital abnormalities, as well as the pure motor defect of cerebral palsy. Over the years, the interest of the work has widened to include the diagnosis of these handicaps and the methods of training and rehabilitation.

The facilities that have been built up in Bristol for cerebral palsy are almost unrivalled; and the concern of the parents has been greatly relieved by the facts we can give them of the many facilities available. All Bristol cases of cerebral palsy, however young, can be offered treatment at the Children's Hospital, Southmead Hospital, or at the Spastic Centre run by the Bristol Spastics Association. At least nine physiotherapists in Bristol have attended the West London Cerebral Palsy Centre, run by Dr. and Mrs. Bobath, to obtain additional training in treating cerebral palsy. At the age of three years the parents can be promised that their child will go to Claremont School for Spastics, or the Spastics Centre run by the Bristol Spastics Association, unless they are suitable to wait for admission to a normal primary school. Treatment can be continued during school years with the help of physiotherapy, speech therapy and occupational therapy. Where residential schooling is necessary for social reasons, the local authority has provided this type of education; and for girls, St. Rose's School for Physically Handicapped Girls at Stroud has been particularly helpful. A few children have been suitable for grammar

school education, and this has always been possible on a day or residential basis. The change from special school back to primary school has been smoothly arranged, particularly with the help of Henleaze Primary School, who nave taken Claremont's children for the weaning period between special school and their local primary school.

When these handicapped children reach the age of 14 years, a referral has been made to the Disablement Officer of the Youth Employment Service, and she has been able to make arrangements for future needs well in advance of school leaving age. Sometimes the handicapped adolescent has been able to find suitable employment immediately on leaving school. In other cases a period of special training, either at one of the Spastic Society's centres or at Queen Elizabeth's College for the Disabled or at the local Industrial Rehabilitation Unit, has enabled them to fit into a job. For the severely physically disabled, who can only manage sheltered employment, the Bristol Spastics Association runs a work centre at Horfield. So far no educable case of cerebral palsy, however badly handicapped, has been refused. Adolescents and adults who are mildly physically handicapped but severely mentally subnormal have been able to attend the industrial workshops at the Bush Training Centre, while the more severely handicapped continue to use the Spastics Centre. Various other centres have also helped in this way.

The one gap in the service is the insufficient number of beds for residential care in hospitals for the subnormal. We hope this gap will be filled shortly, as the National Spastics Society, in collaboration with the Bristol Spastics Association, are planning a Unit at Hortham Hospital.

The reduced incidence of cases of cerebral palsy in Bristol which was reported last year, is still evident, and does suggest that further facilities should only be planned after a careful appraisal of all available statistics. Residential homes for cerebral palsied adults may be needed in future years, as the heavily handicapped children grow up and become too great a burden on their families. With the complete records that exist in Bristol, it should be possible to discover fairly accurately the number that will require hostel care in the future.

These facilities have only become available because of the work and co-operation of numerous people in different spheres. I left Bristol in October to take a post with the Fountain and Carshalton Hospital Group in Surrey, and on leaving, I would like to thank them all, particularly Miss Ram at Claremont School, and Professor Neale and Dr. Smallwood, under whose direction the clinic was held. I am particularly grateful to Mr. R. V. Saunders, who has been psychologist to the clinic throughout its life, and has seen every Bristol case of cerebral palsy. I hope Drs. Voyce and Dent, who have taken over the clinic, will find the work as rewarding as I have done.

Claremont School for Spastic Children M. Ram

There were 48 children on the register at the end of the year, 23 boys and 25 girls. Of this total 6 were children suffering from spina bifida. 16 children came in from outside Bristol :

8 from Gloucestershire, 3 from Somerset,
3 from Wiltshire and 2 from Bath.

Since our numbers were increased to 48 in the autumn of 1963 the average age of pupils in the school has dropped considerably. In comparison with the autumn 1960, when we had 39 children on the register, we find that we now have :

7 children over 12 years (8 in 1960)
14 „ between 8 - 12 (17 in 1960)
27 „ 7 years and under (14 in 1960).

We still give physiotherapy to a number of ex-pupils; 5 of these attend the neighbouring Henleaze schools and come to Claremont for their mid-day meal and rest, and 3 come from their own local schools for treatment only.

Dr. Grace Woods, who was the school's Medical Officer since it opened in 1952, left in October to take up a post in Epsom. Her place has been taken by Dr. N. A. Dent from the Local Authority, and Dr. M. A. Voyce from the Children's Hospital. We have retained the close connection between the school and the cerebral palsy assessment team, and continue to meet together once a month for lectures and discussion.

We have increased the number of electric typewriters in the school to ten. Two of these have been purchased by the Yeadon Trust for the use of individuals, but will remain in the school as long as it is necessary for the training of these children. Even our most severely handicapped now have some means of communication, and easy access to a machine. Children whose hands are useless type with head pointers, instruments held in the mouth, or, in one case, with the feet.

We hope during 1965 to establish a school library. The Education Authority has undertaken to equip the room, and our Parents' Association has already collected nearly £70 for the purchase of books. This library will also be used as a quiet study room for older children, and for those whose distractability makes work in the classroom difficult.

We have had the usual programme of school expeditions this year: places visited have included Stratford-on-Avon for the Shakespeare Exhibition, the American Museum at Claverton, the Zoo; one party of young children was taken on a boat trip by the River Police.

INFECTIOUS DISEASES

W. B. Whisker

Notification is the main instrument of disease control and from it is initiated isolation, contact tracing and control, immunization, surveillance and disinfection where appropriate. The data below indicate the authority for notification and the numbers of school children in the 5-14 year age group who were notified to Bristol County Borough Local Health Authority as suffering from communicable disease during 1964. There were no deaths from communicable disease.

Public Health Act, 1956, Part 5, Section 143

Measles	693
Dysentery	96
Pertussis	94
Scarlet fever	81
Acute pneumonia	8
Tuberculosis	3
Erysipelas	1

There was again no case of poliomyelitis or diphtheria.

The most commonly occurring notifiable disease is once again measles, usually characterised epidemiologically by two-yearly cycles of activity and six-yearly peak waves.

This past year, as expected, we were in a wave trough, the vast majority of susceptibles having had the disease.

Food and Drugs Act, 1955, Section 26

The total number of cases of food poisoning in the school population totalled 10 for 1964. This figure does not, of course, indicate the true morbidity from food poisoning in the school population, because we are dealing with a notoriously under-notified disorder.

A notable example and completely unrevealed by the figure above mentioned is the November 1964 outbreak of diarrhoea and vomiting which occurred in the Speedwell school group. A total of 516 pupils and staff out of 619 at risk, i.e. 83·4 per cent, became ill within 9 to 15 hours of eating a school dinner, circumstances indicating a very strong association with the latter. The overall clinical picture indicated a toxic as opposed to an infective origin and recovery occurred inside 48 hours of the onset of symptoms, as was expected.

Unfortunately a specimen sample meal of "left overs" proved unobtainable and clearly handicapped the investigation. Furthermore, despite intensive and diligent search by Dr. Cayton (Director of the Public Health Laboratory Service, Bristol) no proven causal organism was isolated from the kitchen or from victim samples. No pathogenic carriers were discovered and a review of kitchen handling method showed this to be adequate. This is the sort of unsolved story which is all too common today.

It is a sobering thought that 30 per cent of all notified food poisoning cases remained bacteriologically undiagnosed during 1963, in England and Wales. To uncover a figure of this magnitude is a challenge to bacteriological research and it is hoped that laboratory tests for preformed toxin will eventually become available. To facilitate this it might be useful to keep a refrigerated school sample meal for 48 hours in an attempt to isolate the cause of any food poisoning cases which bring the meals under suspicion.

Public Health Act, 1936, Section 147

Under this legislation the City and County of Bristol have made orders for the notification of acute rheumatism (1947), infectious hepatitis (1960), glandular fever (1960) and rubella (1962). During 1964 the following numbers were notified in school children :

Rubella	98
Infectious hepatitis	54
Glandular fever	12
Acute rheumatism	9

Rubella notifications have dropped considerably during 1964, i.e. 98 compared with 872 in 1963. The persistence of rubella, however, in our school population is encouraging because it is desirable for girls to have this disease before entering their active reproductive life.

MEDICAL EXAMINATION OF ENTRANTS TO THE TEACHING PROFESSION

The arrangements for the medical examination by the Medical Officers of the Local Authority of candidates applying for entry to training colleges and entrants to the teaching profession were continued during the year. Altogether 346 candidates were examined in connection with admission to or on leaving training colleges, and 168 teachers were examined on appointment in Bristol or for some other reason. In a further 115 cases the examination was carried out by other Authorities, and this Authority dealt with medical examinations for other Authorities in 19 cases. The total of 533 examinations carried out in Bristol was a considerable increase on the previous year's figure of 438.

MEDICAL INSPECTION AND OTHER WORK IN SCHOOL

A complete periodic medical inspection was made of 15,376 children attending the authority's schools. There were in addition 2,279 re-examinations and 586 special examinations at the request of school nurse, teacher or parent, making a total of 18,241 medical inspections and examinations in school.

The new arrangements forecast in last year's report are now in force and appear to be working well. The school nurses are glad to arrange their own visits to the schools according to their assessment of the need.

A part-time school "matron" was introduced into a second large comprehensive school, to deal with minor ailments and assist with medical inspections, nurse's surveys and health education, under the direction of the school nurse/health visitor and at the end of the year a special sub-committee of the Education Committee was set up to consider further extensions of the scheme. It is likely that next year more of the larger secondary schools will be able to enjoy the benefits of a half-time school "matron" working on the premises.

The number of 5 year olds summoned to the first periodic medical inspection has been reduced to fourteen in the morning and thirteen in the afternoon, or rather less in some cases. It is hoped to introduce a further reduction in the number when circumstances permit. The only other periodic medical inspection is now at the age of fourteen, in all types of secondary school. In fact, however, the total of medical examinations was slightly higher than in the previous year, greater numbers being brought forward for re-examination or special examination under the new system.

	1963	*1964*
periodic	16,329	15,376
special	199	586
re-examination	1,691	2,279
Total	18,219	18,241

We have made progress in our endeavours to attach individual doctors more personally to their own schools and in a number of schools there is quite close contact between the medical officers and the staff on the problems that arise. Several of the medical officers received requests to talk to the children on such subjects as personal hygiene, smoking or sex education and it is hoped that increasingly both doctors and school nurses will be taking a larger part in this important work, which can, however, be done only at the invitation of the school.

Screening of all first-year primary school children by audiometry is now part of the routine, and a report will be found above under EAR, NOSE AND THROAT SERVICE.

CO-OPERATION OF PARENTS

The number of parents present at periodic medical inspections during the year was as follows :

Age Groups inspected (by year of birth)	*No. examined*	*Parents present*	*Per cent*
1960 (and later)	1,099	1,041	94·7
1959	1,544	1,455	94·2
1958	4,454	4,052	91·0
1957	448	359	80·1
1956	307	216	70·4
1955	298	195	65·4
1954	177	101	57·1
1953	364	208	57·1
1952	238	102	42·9
1951	351	120	34·2
1950	1,200	435	36·2
1949 (and earlier)	4,896	1,249	25·5
	15,376	9,533	62·0

INFESTATION

The following table shows the number of children found to be infested in 1964 and the five preceding years.

	No.	*School population*	*Per cent*
1959	1,278	66,700	1·92
1960	869	66,490	1·31
1961	748	65,853	1·13
1962	672	65,242	1·03
1963	606	65,671	0·92
1964	691	66,374	1·04

It will be seen that there was a slight increase last year in the percentage of children affected. As usual, the cases were concentrated in one or two districts.

MILK AND MEALS IN SCHOOLS

T. B. J. Hetherington

The total number of meals served during 1964 was 7,258,411. This represents a daily average of 35,000 to just over 57 per cent of school children. Included in this figure is an average of 2,390 free meals daily. In addition the demand for beverages, nursery snacks and other catering continues.

Under the milk-in-schools scheme 49,313 children took milk daily, 81 per cent of children in attendance.

Owing to difficulties in meat supplies and increased prices, the pattern of menus was changed to include a higher proportion of other protein foods. It was hoped that the situation was a temporary one, but there was no sign of easement by the autumn term. A request was made, therefore, for a grant to cover these and other increases, in order to fulfil standard requirements.

As sixth form numbers increase, thought is being given to their future requirements, and it is hoped to vary the method of service and type of meal and in time to provide a choice.

A number of kitchens were closed during the year to allow redecoration and minor project work to continue, and emergency measures were taken for the supply of meals. Occasionally, disposable plates and beakers were used to aid the problem of transported washing-up, and these were also used, where acceptable, for additional catering.

There continued to be a shortage of suitable applicants for supervisory posts, and in the main recruitment was from within the service. The number of staff accepted at the Training Kitchen, at one time, was comparatively low, due to lack of space. However, the new training unit is due to be completed in 1966, and it should then be possible to extend the training to all grades of existing and new staff.

A full survey and report on the supply of meals and premises was presented to the Education Committee, and indicated the difficulties experienced in the dining areas as well as the kitchens. Restriction of meals, so far kept to isolated instances, was considered, as accommodation available appeared to leave little room for resilience. However, further new schools which include kitchen and dining facilities will open during the coming year, and kitchen capacity should be eased.

Following reports of illness in the East Bristol area, intensive investigations were made at the kitchen apparently concerned. No evidence was available to relate the incidence to this kitchen, and it was reported that the procedure followed in the kitchen could not be faulted. However, all school meals staff are kept constantly informed and aware of the vital necessity for infinite personal and kitchen hygiene and are very conscious of their responsibilities. Annual medical inspections with X-rays are now routine and 731 were conducted during the year.

As I shall be leaving my present post in the coming year, may I take this opportunity to pay tribute to all who contribute to the success of the School Meals Service. In this context, much gratitude is due to the Medical Officer of Health, the Chief Public Health Inspector and associated staff for advice, support and co-operation received at all times.

MILK, FOOD AND HYGIENE INSPECTIONS

G. J. Creech

ROUTINE SAMPLING

Sampling of foods from school kitchens has been continued as a routine during the year and a total of 380 samples was taken from 12 kitchens. The items sampled, covering a wide range of commodities, were found to be in satisfactory condition in all but a few instances of deterioration or insect infestation.

The normal examination of school milk has been undertaken from schools in all parts of the City. A total of 165 samples was procured and unsatisfactory reports were received in respect of only 4 bottles; these were the product of one dealer and his attention was most strongly drawn to the matter. No subsequent cause for complaint has been found.

SCHOOL KITCHENS

Work was carried out at a school kitchen to prevent the occurrence of condensation by means of improved ventilation and the use of special tiles fitted to the ceiling of the store room. This proved satisfactory and no other case has come to the notice of the Department during the year which required the execution of work of a structural nature.

SPECIAL INVESTIGATIONS

The School Meals Service has also called upon the advice of this Department in special cases of interest which have comprised, amongst other items, a bee in apricot pulp, sugar contaminated with salt, a cooking fat tainted with disinfectant, wood and a small nail in canned blackberries, foreign bodies in school milk bottles, dirty milk bottles and foreign bodies in canned meat. Special comment is merited in the following cases :

(a) Canned Meats

Court action was instituted in respect of a piece of metal found by the kitchen staff whilst preparing a meal. Investigation showed the object to be a screw which had entered the meat during the canning process at one of the Company's overseas factories. A fine of £25 plus £2 2s. costs was imposed.

A further instance of metal in a tin of pork luncheon meat was dealt with informally; this was shown to be an ear tag from one of the animals slaughtered at the processing factory and as a result of representations by this Department the managing director of the firm concerned flew to the factory abroad to conduct a personal investigation.

(b) School Milks

Court action was instituted in two cases, relating to different suppliers; in one, cement was found adhering to the inside of a bottle; a fine of £10 was imposed together with £2 2s. costs. The other related to paper found inside a full bottle; in this case a fine of £5 and £2 2s. costs was awarded.

The condition of school milk bottles and various foreign bodies which they are from time to time found to contain is a matter which gives rise to concern, not only by this Department by also by the dairy companies. At the larger dairies staff are specifically employed to inspect bottles and reject any which are not clean and are often paid a bonus related to the number of bottles discarded. Nevertheless, human fallibility cannot be precluded and the odd offending bottle will always escape detection, also the unfortunate habit of some school children of inserting foreign objects into empty bottles awaiting collection does nothing to help.

ORTHOPAEDIC AND POSTURAL DEFECTS

Weekly orthopaedic clinics have been held throughout the year by either Mr. D. M. Jones or Mr. R. F. N. Duke, who was succeeded in April by Mr. A. H. C. Ratliff. The number of school children seen has again fallen slightly from the previous year's total of 310 to 298, but 139 pre-school children were seen, as against 87 in 1963.

Mr. Keith Lucas paid his last visit to the physically handicapped children at South Bristol School in the summer term. Heavy commitments have prevented him from carrying on with this work, which he had done for many years and which has been much appreciated.

The following defects were found in the children referred to the orthopaedic clinic :

	School children	*Pre-school children*
Paralysis (a) Flaccid	17	1
(b) Spastic	10	—
Tuberculosis of bones and joints	—	1
Congenital abnormality of bones and joints	18	17
Flat foot	75	16
Osteomyelitis	1	—
Knock knee	13	38
Rheumatism and arthritis	1	—
Spina bifida	5	—
Spinal curvature (non-tubercular)	26	6
Talipes	9	5
Torticollis	6	1
Fractures	1	1
Miscellaneous	116	53
	298	139

PHYSICAL EDUCATION

R. R. Jenkins

The development in sport and physical recreation as a result of the stimulus given by the Wofenden Report on " Sport and the Community " is gathering momentum. The joint circular from the Ministry of Housing and Local Government and the Department of Education and Science outlines the measures taken by the Government to encourage the future development of sport and suggests ways in which local authorities may be able to improve and extend facilities in their areas for children and young people and for the community. Some of the suggestions have been operating in Bristol for many years; school playing fields have been available for youth and adult organisations when not required for schools, while school gymnasia are used fully during the evenings. There is a need, however, for a more co-ordinated policy in planning future developments on a city-wide basis and close co-operation between the various departments—Baths, Education, Parks—would ensure that facilities are not duplicated and that projects too large and expensive for one department to handle might be made available by pooling the financial resources of more than one Committee. The continuous improvement of facilities for sport and physical education in schools and in the city generally is proceeding reasonably satisfactorily and government, whether local or national, cannot afford to ignore the immense contribution made to health and happiness by sport and physical recreation, if democracy sets high value on human happiness as a basis for judging the effectiveness of social life. The pressure of the demand for recreation will become more intense as the population increases and becomes more prosperous and mobile, with more leisure time. The demand for recreational space and facilities is growing at a time when land and water are wanted for many other important purposes, so it behoves everyone to co-operate and co-ordinate efforts and resources in planning for the future. It would appear that the two most

urgent requirements in this city in the near future are the provision of large sports halls for indoor games training, and access to water for the development of sailing. rowing and canoeing.

Schools are promoting an increasing number of activities and offering pupils an impressive list from which to choose. In order to provide the instructors capable of coaching these, courses have been arranged in Olympic gymnastics, canoeing, sub aqua, sailing, camping, athletics and swimming. Some items of equipment are expensive; much can be made in schools, and on an evening in November teachers were attracted to a " Do It Yourself " session where information was given on the construction of dinghies, canocs, tents, sub aqua suits, and fishing rods.

Young people frequently feel diffident in applying to join adult sports organisations when they leave school and this was one of the points discussed at a sports conference meeting held in February. The two other major items which received consideration were facilities in existence, and projected in the future, and the need for increased coaching in all branches of sport. It is hoped to establish a Sports Development Council in Bristol to co-ordinate the efforts of all sporting organisations and to explore the possibilities of a more effective use of existing facilities.

Physical education has an important part to play in the development of a healthy, happy society and schools should ensure that adequate time is allowed in a pupil's school career for various aspects to be introduced so that everyone can have a reasonable choice. Thcre are, however, indications that the introduction of new examinations and the pressure of old examinations are likely to affect adversely the time devoted to physical education. It is to be hoped that this trend can be controlled before the subject disappears from the school time-table.

Jean Dawson

The publication of the report of the Newsom Committee, " Half our Future," has focused attention on the needs and interests of our senior girls. It shows that while there are some who enjoy the team games and gymnastics which have been part of the education programme for many years, others find these activities less interesting and prefer to take part in individual pursuits whcre they can express their own personalities. When the compulsory school leaving age is raised this difference between girls and boys will become more marked and much thought is being given to the provision of opportunities for girls to take part in pursuits which seem to them purposeful and enjoyable.

Their creative instinct can be brought into play by the artistic forms of physical education and the use of the body to express ideas in dance and in drama. They will be able to enjoy worth while leisure time activities which involvc small numbers, in preparation for the time, not so far distant, when they will have a husband and young family. The Physical Education and Home Economic Departments in schools hope to plan courses for older girls which will include thc wise use of physical effort in the home.

The Local Authority's course which offers an introduction to camping, sailing, canoeing, rock climbing, and underwater swimming, has proved vcry popular with girls as wcll as boys and such individual activities might be developed along " family " lines if a Local Authority's Centre could be acquired.

Physical education in primary schools, as in other aspects of education, is focused more and more on the opportunity for the individual child to work at his own pace and to express his own personality. Games involving small groups of children allow each one to take an active part. The provision of apparatus which stimulates bodily agility and personal daring is increased as finances become available. Many members of teaching staffs are taking advantage of courses provided to learn more of the art of the expression of ideas through movement. All these aspects of physical education should help to enrich the lives of our younger generation.

PSYCHOLOGICAL SERVICE

R. V. Saunders

THE CLUMSY CHILD

Professor Illingworth, in an article on the clumsy child (Little Club Clinics in Developmental Medicine No. 10, published by the Spastics Society 1963), reports the following comments on such children : " He's so clumsy," " He falls a lot," " He writes ever so queer," " He is very slow at doing things with his hands," " Teacher says he has difficulty with a pencil," " He can't keep up with the others—so they won't play with him."

Illingworth says that many of these children get into trouble on account of clumsiness, bad writing or poor performance at P.E. or dancing (one could also add games, craft and other " skilled " activities).

The I.Q. scores of this group tended to be below average, but several were superior—one as high as 138. He regards these children as cases of " truly minimal cerebral palsy " and feels that their importance is the fact that they would all pass at school age as " normal " children, and therefore get into trouble for their clumsiness, awkwardness and poor performance. " When a child is known to have a handicap, teachers can confidently be expected to be kind to him. When a child has a handicap which is not recognised as such . . . he is apt to get into serious trouble."

Dr. John Walton, in an article in the same publication as Professor Illingworth's, covered much the same ground, but added that a proportion of his group of " clumsy children " had " defective articulation " of a type described by Morley *et al.* (Delayed Speech Aphasia—Brit. Med J. ii 463 (1955)) as " articulatory apraxia."

There is enough evidence now available to demonstrate that the handicaps of " clumsy children " are not adequately acknowledged, and that, because of this, their personal, social and educational adjustment is in peril. There are such children in Bristol, in every type of school. There are children in grammar streams who exhibit this kind of difficulty; equally there are children in special schools who have the problems characteristic of the " clumsy child."

It is clearly one of our tasks for the immediate future to seek out these children, to find out about their difficulties, to try to obtain some measure of understanding of these and, through this, attempt to devise programmes for their assistance.

SPEECH THERAPY

B. Saunders

It is satisfying to report further expansion in the Speech Therapy Department during 1964. A full-time therapist was appointed in February with sole responsibility for Knowle and Knowle West. Firstly a comprehensive survey was made of the schools in these areas, and as a result clinics were established at William Budd Health Centre, Knowle Clinic and at selected primary schools. As a great number of these children require treatment a system of priorities has been developed.

In Hartcliffe and Withywood, where a therapist has now been established for over two years, the emphasis has shifted from junior to infant school children. Regular sessions now take place in four infants' schools and one junior, in addition to Mary Hennessy and Amelia Nutt Clinics. Under the influence of the informal teaching carried out in these schools the form of therapy given is also changing. The group work which was undertaken in the first place, due to pressure of numbers, is proving to be a most effective method of helping the speech defective child. The work at Bedminster and Brislington, centred on Granby House and Brooklea Clinics respectively, has continued steadily throughout the year. There has been a decrease in the number of new stammerers referred.

The Clinic at Portway continues smoothly, but at Lawrence Weston the work has been building up, and the weekly visit to Weston Park Infants' School has had to be abandoned temporarily. Three sessions per week continue at Southmead, and one at Henbury Clinic.

In East Bristol there has been further development with a weekly session at St. George Health Centre. This has proved most rewarding and a waiting list is already established. It is hoped to arrange a second session here in the future. Clinics continue at Speedwell and Argyle Road, as in former years.

SPECIAL SCHOOLS

Sessions are now held at all three day schools for educationally subnormal children, at South Bristol School and at Claremont School. At the latter there are at present two therapists, giving a total of seven sessions per week. It has proved impossible so far to fill the full-time vacancy which exists there. The therapist at South Bristol reports that a second session is urgently required, but time does not permit this at present. Two sessions have been spent at Henbury Manor School for E.S.N. junior children for some time now and this arrangement has been fully justified, as between 15 and 18 children are treated weekly. It is of interest that children from Henbury Manor have needed little continuation of therapy upon transfer to Russell Town and the House-in-the-Garden Schools, the senior schools for E.S.N. children.

DELAYED SPEECH UNIT AT ST. JAMES' & ST. AGNES' NURSERY SCHOOL

This has now been in existence for four terms. The number in the class has been built up gradually and has almost reached its maximum. It is pleasing to report that four children have been transferred to normal infant or nursery schools. The remainder have all shown some improvement but it has become apparent that a part-time class is insufficient for the needs of this highly specialised group, and it is hoped to arrange full-time provision next year.

BUSH TRAINING CENTRE

The work has progressed satisfactorily, and a survey of all patients in the Junior Training Centre has now been completed. From this it would seem that a change of emphasis is indicated in the role of the speech therapist and it is hoped shortly to discuss this more fully.

CONCLUSION

There has been a most satisfactory trend during the year, of increased referrals of pre-school children, both for the Delayed Speech Unit and, more frequently, of cases where advice to the mother in dealing with the child is all that has been needed.

One rather disquieting factor which has arisen has been the referral by medical officers of a number of stammerers in their last year at school, one or two in the final term. This is most regrettable, and it is difficult to believe that school staffs are still unaware of the existence of speech therapy clinics.

Finally, the Department is most grateful for the general help and co-operation of Heads and teachers in the schools, school medical officers and health visitors in the clinics, and for the continued and ever-growing liaison with the Child Guidance and Hearing Assessment Clinics staff in particular.

Attendances for 1963 and the current year are given below :

	School children				*Pre-school children*				*Mental Health*		*Total*	
	Stammer		*Speech defect*		*Stammer*		*Speech defect*					
	1st	*Other*	*1st*	*Other*	*1st*	*Other*	*1st*	*Other*	*1st*	*Other*	*1st*	*Other*
1963	57	1,082	349	5,984	1	6	40	197	48	406	495	7,675
1964	111	1,244	702	7,589	5	6	59	169	117	587	994	9,595

TUBERCULOSIS

CHILDREN'S CONTACT CLINIC

No. of attendances	284
No. of new cases	27
No. of discharges	69
No. of patients who received chemotherapy ... (including 8 new cases)	21

PROTECTION AGAINST TUBERCULOSIS IN SCHOOLS

W. B. Whisker

(1) Acceptance Rate

The estimated number of 13 year old children in Bristol maintained schools is 5,729; of these, 3,629 accepted the Heaf qualitative test, i.e. 59 per cent. This proportion clearly leaves room for much improvement and measures will be taken to this end in the near future.

(2) Natural Tuberculin Positivity Rate (12-18 years)

The data below provides a short summary of work done in this field :

Number heaf negative	5,226
Number heaf positive	667
Number tested and read	5,893
Number tested	6,160
Number with history of B.C.G. vaccination ...	237
Number of natural converters	430

The natural conversion rate of persons aged 12 to 18 years is 7·6 per cent. This figure is a slight but not significantly disturbing increase over the 1963 figure of 6·7 per cent.

The total positivity index for the gross population aged 12 to 18 is 11·3 per cent, as opposed to the 1963 figure of 10·7 per cent.

(3) B.C.G. Vaccination

It is pleasing to report that 100 per cent of the 5,226 heaf negative reactors were vaccinated with an intradermal B.C.G. preparation. There was no death from this procedure and local morbidity complications were minimal. Since the appearance on the commercial market of a great range of modern fluorinated steroid neobacrin preparations control of the local B.C.G. reaction has been eminently within our grasp. These substances have proved successful in controlling persistent local reaction and will be used to inhibit unsightly scar formation in keloid susceptibles.

(4) The Future

B.C.G. vaccination has been available in this country since 1949 when it was first imported from Copenhagen by the Ministry of Health for the intracutaneous vaccination of nurses, medical students, and contacts of tuberculous patients, but it was not until 1953 that the Ministry began approving the extension to include 13 year old school children, upon the request of individual medical officers of health, who were also given the responsibility of appointing vaccinators. Based on the work done by the Medical Research Council trial published in 1959 an 83 per cent protection from B.C.G. vaccination was still effective after five years.

However, there has been a recent move to lower the age of test and vaccination to 10, based on the work of Pollock* (1957) who found a 13 year positive rate of 40 per cent and an unsuspected tuberculosis rate of 0·23 per cent for the 14 year old children in the M.R.C. trial.

The picture in Bristol, however, in 1964 is totally different, i.e. the 13+ positivity rate is 7·6 per cent and the notified tuberculosis index for the school population of Bristol amounts to 3 cases out of 65,000+ at risk.

Much depends on how long a single vaccination remains effective but the latest information, i.e. the 3rd report of the M.R.C. 1963, indicated that the benefits of B.C.G. vaccination amounted to a minimum of $7\frac{1}{2}$ years. Working on the basis of Pollock's criteria there might be a case for revaccination in the 6th form or in early working life in order to ensure protection while at risk during early adulthood.

It has been thought inadvisable to alter the present arrangements for the following reasons :

(1) The smaller possibility of "natural" infection in Bristol compared with many other areas.
(2) The present arrangements in secondary schools work well. A change to 10 year old vaccination would involve a completely new set of schools with relatively poor facilities.
(3) The public has been conditioned to accept vaccination for their children at 13 years. Any effort should be to increase the percentage of acceptance at 13 rather than to persuade the parents of a different age group of the need for vaccination.

(4) The survey mentioned in *The Health of the School Child 1962-3* at present being carried out, may offer some useful evidence about the optimum time of vaccination.

* Pollock, T.M., British Medical Journal, 1957, 2. 20.

X-RAY OF TEACHING STAFF

Throughout the year the scheme has continued of offering X-ray of the chest to teachers. 802 appointments were made and 499 were kept, i.e. 68·2 per cent, an improvement on 66·45 per cent in 1963 and 60·97 per cent in 1962.

This is in addition to the X-ray done with teachers joining the service of the local education authority for the first time during the course of the year.

In 21 cases, the teacher was recalled for a larger film to be taken. Nine of these showed variations from normal sufficiently interesting for the general practitioner to be informed. No case of recent or infectious tuberculosis was detected but two of the nine showed evidence of old tuberculosis of the lungs. In two cases only were teachers referred to their own doctors for further advice.

YOUTH EMPLOYMENT SERVICE

B. M. Dyer

EMPLOYMENT OF HANDICAPPED SCHOOL LEAVERS

Physically Handicapped

Forty-one physically handicapped pupils were dealt with by the department during the year. Eighteen went directly into employment, four went on to places of further education and training, four went to the Industrial Rehabilitation Unit for assessment. Of the remainder, two returned to school, two were transferred to other areas and eleven went to occupation or pastime centres.

Educationally Subnormal

During 1964, 22 boys became eligible to leave the special schools. Fifteen of these entered open employment within the city, two are attending the Bush Training Centre, one is an inpatient at Purdown Hospital, one has left the district, and three stayed at school to continue their education.

Twenty-two girls left the special schools in 1964. Seventeen were placed in open employment, two went to the Industrial Rehabilitation Unit for assessment and are now working successfully. Three girls entered the Bush Training Centre.

STATISTICAL TABLES

Year ended 31st December, 1964

PART I

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

TABLE A—PERIODIC MEDICAL INSPECTIONS

Age Groups inspected (By year of Birth)	*No. of Pupils who have received a full medical examination*	*Physical condition of pupils inspected*		*Pupils found to require treatment (excluding dental diseases and infestation with vermin)*		
		Satisfactory	*Unsatisfactory*	*For defective vision (excluding squint)*	*For any other condition recorded at Part II*	*Total Individual pupils*
		No.	*No.*			
1960 and later	1,099	1,094	5	6	76	80
1959	1,544	1,532	12	27	146	167
1958	4,454	4,410	44	134	545	653
1957	448	439	9	15	115	125
1956	307	302	5	10	35	42
1955	298	294	4	21	42	61
1954	177	176	1	9	34	42
1953	364	362	2	35	32	62
1952	238	236	2	19	29	47
1951	351	345	6	58	57	107
1950	1,200	1,191	9	88	97	171
1949 and earlier	4,896	4,848	48	510	482	926
TOTAL	15,376	15,229 (99·04%)	147 (·96%)	932	1,690	2,483

TABLE B—OTHER INSPECTIONS

NOTES:—A special inspection is one that is carried out at the special request of a parent, doctor, nurse, teacher or other person.
A re-inspection is an inspection arising out of one of the periodic medical inspections or out of a special inspection.

Number of Special Inspections	17,121
Number of Re-inspections	21,737
Total	38,858

TABLE C—INFESTATION WITH VERMIN

(a)	Total number of individual examinations of pupils in schools by school nurses or other authorised persons	76,463
(b)	Total number of individual pupils found to be infested	691
(c)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	84
(d)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	1

TABLE D—SCREENING TESTS OF VISION AND HEARING

1.	(*a*)	Is the vision of entrants tested ?	Yes.
	(*b*)	If so, how soon after entry is this done ?	Usually in second term.
2.		If the vision of entrants is not tested, at what age is the first vision test carried out ?	—
3.		How frequently is vision testing repeated throughout a child's school life ?	Once a year in primary schools; once every two years in secondary schools.
4.	(*a*)	Is colour vision testing undertaken ?	Yes.
	(*b*)	If so, at what age ?	First year in secondary school.
	(*c*)	Are both boys and girls tested ?	Boys only.
5.		By whom is vision and colour testing carried out ?	School nurses.
6.	(*a*)	Is audiometric testing of entrants carried out ?	Yes.
	(*b*)	If so, how soon after entry is this done ?	In second, third or fourth term.
7.		If the hearing of entrants is not tested, at what age is the first audiometric test carried out ?	—
8.		By whom is audiometric testing carried out	By an audiometrician.

PART II

DEFECTS FOUND BY MEDICAL INSPECTION DURING THE YEAR

TABLE A—PERIODIC INSPECTIONS

Defect or Disease	*Periodic Inspections*							
	Entrants		*Leavers*		*Others*		*Total*	
	(*T*)	(*O*)	(*T*)	(*O*)	(*T*)	(*O*)	(*T*)	(*O*)
Skin	80	319	181	265	66	91	327	675
Eyes—(a) Vision	182	501	553	368	197	137	932	1,006
(b) Squint	104	147	32	65	22	22	158	234
(c) Other	22	54	16	56	3	23	41	133
Ears—(a) Hearing	156	475	49	65	22	46	227	586
(b) Otitis Media ...	34	209	14	49	9	18	57	276
(c) Other	5	33	2	18	2	10	9	61
Nose and Throat	295	1,162	55	245	31	178	381	1.585
Speech	86	369	15	51	25	49	126	469
Lymphatic Glands	31	507	2	40	5	41	38	588
Heart	9	124	14	76	3	30	26	230
Lungs	32	244	19	82	11	56	62	382
Developmental—(a) Hernia	13	48	1	3	3	6	17	57
(b) Other	44	453	35	107	14	95	93	655
Orthopaedic—(a) Posture ...	3	78	16	87	6	35	25	200
(b) Feet ...	26	202	12	86	8	56	46	344
(c) Other ...	21	258	41	210	11	67	73	535
Nervous System—(a) Epilepsy	7	40	13	18	6	4	26	62
(b) Other	17	99	10	41	10	24	37	164
Psychological—(a) Developm't	19	217	16	40	57	30	92	287
(b) Stability	23	381	8	82	6	63	37	526
Abdomen	3	68	2	13	2	12	7	93
Other	3	20	5	8	2	5	10	33

(T) = Treatment (O) = Observation

TABLE B—SPECIAL INSPECTIONS

Defect or Disease	*Special Inspections*	
	Pupils requiring Treatment	*Pupils requiring Observation*
Skin	2,503	196
Eyes—(a) Vision ...	1,254	354
(b) Squint ...	80	82
(c) Other ...	264	60
Ears—(a) Hearing ...	376	289
(b) Otitis Media ...	35	103
(c) Other ...	92	30
Nose and Throat	244	654
Speech	65	226
Lymphatic Glands ...	24	253
Heart	12	125
Lungs	50	178
Developmental—(a) Hernia	19	45
(b) Other	51	254
Orthopaedic—(a) Posture	8	70
(b) Feet ...	57	100
(c) Other	51	156
Nervous System—(a) Epilepsy	15	42
(b) Other	24	103
Psychological—		
(a) Development	32	179
(b) Stability ...	36	305
Abdomen	11	53
Other	2,969	18

PART III

TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

NOTE:—These Tables include:—

(i) cases treated or under treatment during the year by members of the Authority's own staff;

(ii) cases treated or under treatment during the year in the Authority's school clinics under National Health Service arrangements with the Regional Hospital Board; and

(iii) cases known to the Authority to have been treated or under treatment elsewhere during the year.

TABLE A—EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint ...	1,232
Errors of refraction (including squint)	4,444
Total	5,676
Number of pupils for whom spectacles were prescribed	2,449

TABLE B—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been dealt with
Received operative treatment:—	
(*a*) for diseases of the ear	60
(*b*) for adenoids and chronic tonsillitis	973
(*c*) for other nose and throat conditions	144
Received other forms of treatment	1,037
Total	2,214
Total number of pupils in schools who are known to have been provided with hearing aids:—	
(*a*) in 1964	15
(*b*) in previous years	99

TABLE C—ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of cases known to have been treated
(*a*) Pupils treated at clinics or out-patients departments ...	451
(*b*) Pupils treated at school for postural defects	83
Total	534

TABLE D—DISEASES OF THE SKIN

(excluding uncleanliness, for which see Table C of Part I)

	Number of cases known to have been treated
Ringworm—(*a*) Scalp	1
(*b*) Body	172
Scabies	9
Impetigo	86
Other skin diseases	3,919
Total	4,187

TABLE E—CHILD GUIDANCE TREATMENT

	Number of cases known to have been treated
Pupils treated at Child Guidance clinics	420

TABLE F—SPEECH THERAPY

	Number of cases known to have been treated
Pupils treated by speech therapists	813

TABLE G—OTHER TREATMENT GIVEN

	Number of cases known to have been dealt with
(*a*) Pupils with minor ailments	12,332
(*b*) Pupils who received convalescent treatment under School Health Service arrangements	6
(*c*) Pupils who received B.C.G. vaccination	5,226
(*d*) Other than (*a*), (*b*) and (*c*) above.	
Chiropody	656
Artificial Sunlight	12
Enuresis	262
Children's Chest Clinic	48
T.B. Contacts	78
Nutrition Clinic	138
Total (*a*)–(*d*)	18,758

PART IV

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY DURING THE YEAR

(a) Dental and Orthodontic work

I.	Number of pupils inspected by the Authority's Dental Officers:—			
	i. At Periodic Inspections ... 45,545		Total	48,203
	ii. As Specials 2,658			
II.	Number found to require treatment ...			26,142
III.	Number offered treatment			21,781
IV.	Number actually treated			8,535

(b) Dental work (other than Orthodontics)

I.	Number of attendances made by pupils for treatment, excluding those recorded at (c)i below			37,352
II.	Half days devoted to: i. Periodic (School) inspections ... 313		Total	6,416
	ii. Treatment ... 6,103			
III.	Fillings: i. Permanent Teeth 20,212		Total	25,854
	ii. Temporary Teeth 5,642			
IV.	Number of Teeth Filled: i. Permanent Teeth 17,679		Total	22,775
	ii. Temporary Teeth 5,096			
V.	Extractions: i. Permanent Teeth ... 2,497		Total	8 679
	ii. Temporary Teeth ... 6,182			
VI.	i. Number of general anaesthetics given for extractions ...			2,682
	ii. Number of half days devoted to the administration of general anaesthetics by:			
	A. Dentists ... ... nil		Total	246
	B. Medical Practitioners 246			
VII.	Number of pupils supplied with artificial teeth			27
VIII.	Other operations: i. Crowns 29		Total	13,995
	ii. Inlays 14			
	iii. Other Treatment ... 13,952			

(c) Orthodontics

i.	Number of attendances made by pupils for orthodontic treatment	344
ii.	Half days devoted to orthodontic treatment	43
iii.	Cases commenced during the year	54
iv.	Cases brought forward from the previous year	14
v.	Cases completed during the year	92
vi.	Cases discontinued during the year	5
vii.	Number of pupils treated by means of appliances	43
viii.	Number of removable appliances fitted	55
ix.	Number of fixed appliances fitted	—
x.	Cases referred to and treated by Hospital Orthodontists	298

SCHOOL CLINICS

1963 No. of attend-ances		*Work*	*1964 No. of attend-ances*
25,559	Central Health Clinic, Tower Hill, Bristol, 2. Telephone 26602.	Inspection clinic; treatment of minor ailments; ear, nose and throat clinic; dental treatment; eye clinic; children's chest clinic; enuretic clinic; T.B. contact clinic; skin and wart clinics; treatment of scabies cases; orthopaedic clinic; physiotherapy; chiropody; nutrition clinic; artificial sunlight treatment	26,159
8,162	Amelia Nutt Clinic, Queen's Rd., Withywood	Inspection clinic; treatment of minor ailments; ear, nose and throat clinic; dental treatment	9,091
11,166	Bedminster Clinic, St. John's Lane, 3.	Inspection clinic; treatment of minor ailments; ear, nose and throat clinic; dental treatment and eye clinic ...	10,420
4,796	Brooklea Clinic, Wick Road. 4.	Inspection clinic; treatment of minor ailments; dental treatment ...	4,981
3,119	Charlotte Keel Clinic. Claremont Street. 5.	Treatment of minor ailments; dental treatment	3,332
2,214	Granby House Clinic, St. John's Road, Bedminster, 3.	Inspection clinic; treatment of minor ailments	1,519
3,556	John Milton Clinic, Crow Lane, Brentry	Inspection clinic; treatment of minor ailments; dental treatment	3,386
7,991	Knowle Clinic, Broadfield Road, 4.	Inspection clinic; treatment of minor ailments; dental treatment	9,396
2,514	Lawrence Weston Clinic, Ridingleaze	Inspection clinic; treatment of minor ailments; dental treatment	3,323
7,400	Mary Hennessy Clinic, Hareclive Road, Hartcliffe, 3.	Inspection clinic; treatment of minor ailments; dental treatment; eye clinic	8,341
7,647	Portway Clinic, St. Bernard's Road, Shirehampton	Inspection clinic; treatment of minor ailments; ear, nose and throat clinic; dental treatment and eye clinic ...	7,174
8,267	Southmead Clinic, Monk's Park Ave., 7.	Inspection clinic; treatment of minor ailments; ear, nose and throat clinic; dental treatment and eye clinic ...	8,068
8,834	Speedwell Clinic, Whitefield Road, 5.	Inspection clinic; treatment of minor ailments; ear, nose and throat clinic; dental treatment and eye clinic ..	8,401
519	Verrier Road Clinic, Redfield, 5.	Treatment of minor ailments ...	332
—	St. George Health Centre, Bellevue Road, 5.	Dental treatment	940
22,678	Clinics held on school premises	Treatment of minor ailments	29,630
452	Cardio-rheumatic clinic, Bristol Royal Infirmary, 2		465
4,684	Child and Family Guidance Service,* 7 Brunswick Square, 2		4,099
7,472	Speech Clinic.* 1 Argyle Road, 2		9,646
395	Audiometry,* Hearing Assessment Clinic, c/o Bristol Institute for the Deaf, King Square, 2		1,592
137,456		Total Attendances	150,295

* These figures include sessions at a number of the above clinics as well as at the headquarters of these services.